## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



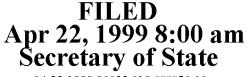
FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 748107 1. Corporation Name

## POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.



04-22-1999 90032 018 \*\*\*\*70.00

Principal Place	e of Business	832 SPRING LAKE SO WINTER HAVEN FL 33881 US  2a. Mailing Address 2b. Let Apt. #, etc. 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Country 2c. Country 2d. Country 3d.						
						. EKRIL BIĞIR ÖYÜL		
WINTER HAVE	N FL 33881							
US		US			) (20)() (00)( 0130) (210) (21)( 130) (30)		eibit Alatt 1881	
		On Admillion Andress		·	3 Data Incomprated of Qualified			
						T-17	Applied For	
Suite, Apt.	#, etc.					<del> </del> -	<del></del>	
22					39-1000031		lot Applicable	
City & State	е	City & State			5. Certifcate of Status Desired	T	Additional Required	
23								
Zip			- ·			\$5.00 May Be Added to Fees		
24							to Fees	
	9. Name and Address of Cu	rrent Registered Agent	<del>-   -</del> -		10. Name and Address of New Register	ea Agent		
			81	Name				
MURPHY, BEVERLY			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	NG LAKE SQUARE							
	IAVEN FL 33881		83					
***************************************	INVERVIE GOOD	·	<u> </u>	Cim		OE   7ir	Code	
			84	City	F	:L  °3  -	0006	
11 Durs up to the provisions of Sections 617 0502 and 617 1508 Florida Statutes the above-named comporation submits this statement for the purpose of changing its registered								
l office or r	egistered agent or both in the S	tate of Florida. Such change was auth	iorized by	tne comora	tion's board of directors. I hereby accept the ap	pointment as r	egistered	
agent. I a	m familiar with, and accept the of	bligations of, Section 617.0503, Florida	a Statutes	•				
SIGNATURE	Olerandari de la constanta de	desert and title if applicable /NOTE: Pe	oletered Age	et signature regu	ired when reinstating) DATE			
12.				. o.g		AND DIRECT	ORS IN 12	
TITLE	SD			(		Change		
		<b>F</b>		ľ	Paga Lyle	•		
NAME	l .			TADDDECC 2	104 Lachen Court			
STREET ADDRESS	17 SKIDMORE RD.							
CITY-ST-ZIP	WINTER HAVEN FL					#C] Change	Addition	
TITLE	TD	,,,		<b>I</b>		gg onlange	, <u> </u>	
NAME	BURNETTI, DANA			_1	Krista Silbiger	~		
- STREET ADDRESS	6325 FERN LANE		-2.3 STREE	FADDRESS   == €	99 Eamer aux Koad			
CITY-ST-ZIP	LAKELAND FL			ST-ZIP	Winter Haven, FL 32789		Addition	
TITLE	SD	☐ DELETE	3.1 TITLE	١,	T/V	Change	Addition	
NAME	DONNA LYLE		3.2 NAME	[	Many Ahn Cassell			
STREET ADDRESS	204 LOCHEN CT.		3.3 STREE	TADDRESS 38	By Gaines Court of			
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-5	iT-ZIP \	Winter Haven, FL 33864			
TITLE	PD	☐ DELETE	4.1 TITLE		T/S	Change	Addition	
NAME	KRISTA SILBIGER		4. 2 NAME	'	Debbie Misch		•	
STREET ADDRESS	99 LAMERAUX RD.		4.3 STREE	TADORESS	6012 Cricket Drive			
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-S	T-ZIP	Lakeland, FL			
TITLE	771111211111111111111111111111111111111	☐ DELETE	5.1 TITLE			Change	Addition	
NAME		•	5.2 NAME					
1				T ADDRESS				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		DELETE	6.1 TITLE	. 2.0		Change	Addition	
TITLE		€ DEFEIG				المانين ال		
NAME	•		6.2 NAME	T 40000000				
STREET ADDRESS		,		TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	T-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armus report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: