

DOCUMENT # 748107
1. Entity Name
POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90088 006 ****70.00

Principal Place of Business Mailing Address
**832 SPRING LAKE SQ
WINTER HAVEN FL 33881
US** **832 SPRING LAKE SQ
WINTER HAVEN FL 33881
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **59-1888051** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MURPHY, BEVERLY
832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25** 9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LYLE, DONNA 204 LOCHEN COURT WINTER HAVEN FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SILBINGER, KRISTA 99 LAMERDAUX ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNA LYLE 204 LOCHEN CT. WINTER HAVEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRISTA SILBINGER 99 LAMERAUX RD. WINTER HAVEN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV CASSELL, MARY ANN 3384 GAINES COUR SE WINTER HAVEN FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MISCH, DEBBIE 6012 CRICKET DRIVE LAKELAND FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **1-3-2001** **863 324-7888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)