

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90354 036 ****70.00

DOCUMENT # 748107

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

Principal Place of Business

Mailing Address

**832 SPRING LAKE SQ
 WINTER HAVEN FL 33881
 US**

**832 SPRING LAKE SQ
 WINTER HAVEN FL 33881
 US**

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

7. Name and Address of New Registered Agent

**MURPHY, BEVERLY
 832 SPRING LAKE SQUARE
 WINTER HAVEN FL 33881**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 LAMBERDUN 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 SANDERS, LORETTA 1129 INTERLOCHEN BLVD WINTER HAVEN FL 33884	<input 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 checked="" type="checkbox"/> Delete

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
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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

401-9360
 Daytime Phone #

CR2E037 (9/01)