


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90242 039 *****70.00

DOCUMENT # 748407 - 1. Entity Name POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.					
Principal Place of Business 5150 S. FLORIDA AVE #111 LAKELAND FL 33813 US			Mailing Address 5150 S. FLORIDA AVE #111 LAKELAND FL 33813 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1888051	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 Beverly murphy Street Address (P.O. Box Number is Not Acceptable) 5150 S. Florida Ave. # 111 City Lakeland FL Zip Code 33813	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Beverly murphy</u> <u>Beverly murphy</u> <u>3-6-06</u> <small>Signature, typed or printed name of registered agent (print title if applicable) (NOTE: Registered Agent signature required when re-stating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida 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 <input type="checkbox"/> Delete 1101 INTERLACHEN BLVD WINTER HAVEN FL 33884		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SILBIGER, KRISTA <input type="checkbox"/> Delete 99 LAMERAUX RD WINTER HAVEN FL 33884		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DONNA LYLE <input type="checkbox"/> Delete 1101 INTERLACHEN BLVD WINTER HAVEN FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDERS, LORETTA <input type="checkbox"/> Delete 1129 INTERLOCHEN BLVD WINTER HAVEN FL 33884		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TV MURPHY, BEVERLY <input type="checkbox"/> Delete 5150 S FLORIDA AVE, # 111 LAKELAND FL 33813		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHOUINARD, KAREN <input type="checkbox"/> Delete 2110 EDGEWATER CIR. WINTER HAVEN FL 33880		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 exemptions contained in Section 119, 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: Beverly murphy Beverly murphy 3-6-06 863-644-4051