## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jun 28, 2007 8:00 am **DOCUMENT # 748107** Secretary of State 1. Entity Name 06-28-2007 90002 004 \*\*\*\*70.00 POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC. Principal Place of Business Mailing Address 5150 S. FLORIDA AVE 5150 S. FLORIDA AVE LAKELAND FL 33813 LAKELAND FL 33813 US S. Florida Ava 1st MOORE CR2E037 (10/06) Applied For 4. FEL Number 59-1888051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 5150 S FLORIDA AVE 111 LAKELAND FL 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete HHE Addition ☐ Change NAME LYLE, DONNA STREET ADDRESS 1101 INTERLACHEN BLVD STREET ADDRESS CJTY - S1 - 7IP WINTER HAVEN FL 33884 CHY-ST-ZIP ☐ Delete HIE Addition NAME SILBIGER, KRISTA NAME STREET ADDRESS STREET ADDRESS 99 LAMERAUX RD CITY-ST-ZIP CITY-S1-ZIP WINTER HAVEN FL 33884 IIIŒ Delete TrrLE ☐ Change SD ☐ Addition NAME NAME DONNA LYLE STREE1 ADDRESS STREET ADDRESS 1101 INTERLACHEN BLVD WINTER HAVEN FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Addition NAME NAME SANDERS, LORETTA STREET ADDRESS STREET ADDRESS 1129 INTERLOCHEN BLVD CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 TITLE Delete TITLE ☐ Addition 5110 5. Florida Ave #111 Lakeland, FL 33813 NAME MURPHY, BEVERLY NAME 5150 S FLORIDA AVE, # 111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-S1-ZIP THEE Delete TITLE Change ☐ Addition CHOUINARD, KAREN NAME STREET ADDRESS 2110 EDGEWATER CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED