

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 748107

1. Entity Name

**POLK COUNTY MEDICAL ASSOCIATION ALLIANCE,
INC.**



Principal Place of Business

**5110 S FLORIDA AVE
#111
LAKELAND FL 33813
US**

Mailing Address

**5110 S FLORIDA AVE
#111
LAKELAND FL 33813
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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
5110 S FLORIDA AVE 111
LAKELAND FL 33813**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **CD**
STREET ADDRESS **LYLE, DONNA**
CITY- ST- ZIP **1101 INTERLACHEN BLVD
WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **U00000898248
04/25/08-80080-016 70.00**

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **SILBIGER, KRISTA**
CITY- ST- ZIP **99 LAMERAUX RD
WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **DONNA LYLE**
CITY- ST- ZIP **1101 INTERLACHEN BLVD
WINTER HAVEN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SANDERS, LORETTA**
CITY- ST- ZIP **1129 INTERLOCHEN BLVD
WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **TV**
STREET ADDRESS **MURPHY, BEVERLY**
CITY- ST- ZIP **5110 S FLORIDA AVE 111
LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHOUINARD, KAREN**
CITY- ST- ZIP **2110 EDGEWATER CIR.
WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 T. Murphy