

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748107

FILED
Apr 24, 2012
Secretary of State

Entity Name: POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

Current Principal Place of Business:

5110 S FLORIDA AVE
#111
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

5110 S FLORIDA AVE
#111
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-1888051 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COURTNEY, JACKIE
5110 S FLORIDA AVE 111
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD
Name: LYLE, DONNA
Address: 1101 INTERLACHEN BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: CD
Name: SILBIGER, KRISTA
Address: 99 LAMERAUX RD
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD
Name: DONNA LYLE
Address: 1101 INTERLACHEN BLVD
City-St-Zip: WINTER HAVEN, FL

Title: PD
Name: SANDERS, LORETTA
Address: 1129 INTERLOCHEN BLVD
City-St-Zip: WINTER HAVEN, FL 33884

Title: TV
Name: COURTNEY, JACKIE
Address: 5110 S FLORIDA AVE 111
City-St-Zip: LAKELAND, FL 33813

Title: D
Name: CHOUINARD, KAREN
Address: 2110 EDGEWATER CIR.
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACKIE COURTNEY

TV

04/24/2012

Electronic Signature of Signing Officer or Director

_____ Date