


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

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90002 003 ****70.00

DOCUMENT # N02000000268	
1. Entity Name POLK COUNTY MEDICAL FOUNDATION, INC.	

Principal Place of Business 5150 S. FLORIDA AVE., #111 LAKELAND FL 33813	Mailing Address 5150 S. FLORIDA AVE., #111 LAKELAND FL 33813
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2. Principal Place of Business - No P.O. Box # 5110 S. Florida Ave Suite, Apt. #, etc. #111	3. Mailing Address 5110 S. Florida Ave Suite, Apt. #, etc. #111
City & State Lakeland, FL	City & State Lakeland, FL
Zip 33813	Country US

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3760390	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURPHY, BEVERLY 5150 S FLORIDA AVE, # 111 LAKELAND FL 33813

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5110 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 <i>Beverly T. Murphy</i> Signature, typed or printed name of registered agent and title, if applicable.	DATE 6-24-07 (NOTE: Registered Agent signature required when reinstating.)
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FILE NOW: FEE IS \$61.25 Due By May.1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME WICKSTROM, DALE	
STREET ADDRESS 800 N. LAKE ELOISE DR.	
CITY-ST-ZIP WINTER HAVEN FL 33884	
TITLE D	<input type="checkbox"/> Delete
NAME WELCH, DANIEL	
STREET ADDRESS 407 AVE. K, SE	
CITY-ST-ZIP WINTER HAVEN FL 33880	
TITLE D	<input type="checkbox"/> Delete
NAME MURPHY, BEVERLY	
STREET ADDRESS 5150 S. FLORIDA AVE., #111	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE T	<input type="checkbox"/> Delete
NAME NOBO, RALPH MD.	
STREET ADDRESS 5150 S. FLORIDA AVE #111	
CITY-ST-ZIP LAKELAND FL 33813	
TITLE D	<input type="checkbox"/> Delete
NAME SCHEMMER, GARY MD	
STREET ADDRESS 832 SPRING LAKE SQ	
CITY-ST-ZIP WINTER HAVEN FL 33881	
TITLE D	<input type="checkbox"/> Delete
NAME SANDERS, JAMES L	
STREET ADDRESS 50 SECOND ST., SE	
CITY-ST-ZIP WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5110 S. Florida Ave #111
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5110 S. Florida Ave #111
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5110 So - Florida Ave #111
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Beverly T. Murphy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/24/07	Daytime Phone # 863-674-4051
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