FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 15 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04118 (8)

1. Corporation Name

POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.

Principal Place of Business	Mailing Address
C/O ELSIE TRASK 402 SOUTH KENTUCKY AVENUE LAKELAND FL 33801	C/O ELSIE TRASK 402 SOUTH KENTUCKY AVENUE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1984
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2484488 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Suite 350	Suite, Apt. #, etc. 27 Suite 350
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TRASK, ELSIE
402 SOUTH KENTUCKY AVENUE
LAKELAND FL

10. Name and Address of New Registered Agent

81 Name: murphy, Beverly
82 Street Address (P.O. Box Number is Not Acceptable): 402 S. Kentucky Ave
83: Suite 350
84 City: LAKELAND FL 85 Zip Code: 33801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Beverly T. Murphy — managing Editor & Executive Director — 3/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HEYSEK, RANDY V MD	1.2 NAME		
STREET ADDRESS	402 S KENTUCKY AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	RAFOOL, GORDON J MD	2.2 NAME		
STREET ADDRESS	402 S KENTUCKY AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	MATHEWSON, JOHN J.	3.2 NAME		
STREET ADDRESS	402 S. KENTUCKY AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	TRASK, ELSIE	4.2 NAME	murphy, Beverly T.	
STREET ADDRESS	402 S KENTUCKY AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly T. Murphy — 3/9/95 — 813-682-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014892