

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04118 (8)**
1. Corporation Name
POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.



Principal Place of Business: C/O ELSIE TRASK, 402 SOUTH KENTUCKY AVENUE SUITE 350, LAKELAND FL 33801, US
Mailing Address: C/O ELSIE TRASK, 402 SOUTH KENTUCKY AVENUE SUITE 350, LAKELAND FL 33801, US

3. Date Incorporated or Qualified: **07/11/1984**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-2484488**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**TRASK, ELSIE
402 SOUTH KENTUCKY AVENUE
SUITE 350
LAKELAND FL 33801**

10. Name and Address of New Registered Agent
81 Name: **BEVERLY MURPHY**
82 Street Address (P.O. Box Number is Not Acceptable): **402 SOUTH KENTUCKY AVE, SUITE 350**
83 City: **LAKELAND** FL 85 Zip Code: **33801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Beverly T. Murphy* **BEVERLY T. MURPHY** 01/25/96
Signature, typed or printed name of registered agent (see 11b) if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEYSEK, RANDY V MD	
STREET ADDRESS	402 S KENTUCKY AVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAFOOL, GORDON J MD	
STREET ADDRESS	402 S KENTUCKY AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWSON, JOHN J.	
STREET ADDRESS	402 S. KENTUCKY AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, BEVERLY T	
STREET ADDRESS	402 S KENTUCKY AVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROBERT I. CASSELL, MD	
13 STREET ADDRESS	402 S KENTUCKY AVE	
14 CITY - ST - ZIP	LAKELAND, FL 33801	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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* **BEVERLY T. MURPHY** 01/25/96 941 682-0543
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)