

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N04118 (8)**  
 1. Corporation Name  
**POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.**



Principal Place of Business <b>402 S KENTUCKY AVE-SITE 350 --</b> <b>402 SOUTH KENTUCKY AVENUE SUITE 350 --</b> <b>LAKELAND FL 33801</b> <b>US</b>	Mailing Address <b>POLK COUNTY MEDICAL ASSN</b> <b>402 SOUTH KENTUCKY AVENUE SUITE 350</b> <b>LAKELAND FL 33801 --</b> <b>US</b>
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2. Principal Place of Business <b>21 832 Spring Lake Square</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Winter Haven FL</b> Zip Country <b>24 33881 25 US</b>	2a. Mailing Address <b>26 832 Spring Lake Square</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Winter Haven FL</b> Zip Country <b>29 33881 30 US</b>
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3. Date Incorporated or Qualified <b>07/11/1984</b>	4. FEI Number <b>59-2484488</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MURPHY, BEVERLY</b> <b>402 S KENTUCKY AVE</b> <b>SUITE 350</b> <b>LAKELAND FL 33801</b>
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10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 832 Spring Lake Square</b> <b>84 Winter Haven FL 85 33881</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>HEYSEK, RANDY V MD</b> <b>402 S KENTUCKY AVE</b> <b>LAKELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> DELETE <b>RAFOOL, GORDON J MD</b> <b>402 S KENTUCKY AVE.</b> <b>LAKELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>CASSELL, ROBERT I</b> <b>402 S. KENTUCKY AVE.</b> <b>LAKELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>MURPHY, BEVERLY T</b> <b>402 S KENTUCKY AVE</b> <b>LAKELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Ertenberg, Lucy MD</b> <b>832 Spring Lake Square</b> <b>Winter Haven FL 33881</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>832 Spring Lake Square</b> <b>Winter Haven, FL 33881</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>Silva, Ranjit MD</b> <b>832 Spring Lake Square</b> <b>Winter Haven, FL 33881</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>832 Spring Lake Square</b> <b>Winter Haven, FL 33881</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 Murphy DATE: 4/13/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000000

CR2E037 (10/97)