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Apr 20, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04118

1. Corporation Name

POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.

Principal Place of Business

832 SPRING LAKE SQ  
~~402 SOUTH KENTUCKY AVENUE SUITE 350~~  
WINTER HAVEN FL 33881  
US

Mailing Address

832 SPRING LAKE SQ  
~~402 SOUTH KENTUCKY AVENUE SUITE 350~~  
WINTER HAVEN FL 33881  
US



2. Principal Place of Business

21 832 Spring Lake Sq

Suite, Apt. #, etc.

22 City & State

23 Winter Haven FL

24 Zip 33881 25 Country US

2a. Mailing Address

26 832 Spring Lake Sq

Suite, Apt. #, etc.

27 City & State

28 Winter Haven FL

29 Zip 33881 30 Country US

3. Date Incorporated or Qualified

07/11/1984

4. FEI Number

59-2484488

Applied For

Not Applicable

5. Certificate of Status Desired

7

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MURPHY, BEVERLY  
832 SPRING LAKE SQ  
SUITE 350  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ERTENBERG, LUCY MD  
STREET ADDRESS 832 SPRING LAKE SQ  
CITY-ST-ZIP WINTER HAVEN FL 33881

□ DELETE

TITLE SD  
NAME RAFOOL, GORDON J MD  
STREET ADDRESS 832 SPRING LAKE SQ  
CITY-ST-ZIP WINTER HAVEN FL 33881

□ DELETE

TITLE D  
NAME SILVA, RANJIT MD  
STREET ADDRESS 832 SPRING LAKE SQ  
CITY-ST-ZIP WINTER HAVEN FL 33881

□ DELETE

TITLE D  
NAME MURPHY, BEVERLY T  
STREET ADDRESS 832 SPRING LAKE SQ  
CITY-ST-ZIP WINTER HAVEN FL 33881

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

□ 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

□ Change □ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

□ Change □ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

□ Change □ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

□ Change □ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

□ Change □ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

□ Change □ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (11/98)