

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04118

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90135 028 \*\*\*\*70.00

Principal Place of Business

Mailing Address

832 SPRING LAKE SQ  
WINTER HAVEN FL 33881  
US

832 SPRING LAKE SQ  
WINTER HAVEN FL 33881-1338  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2484488

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.

SIGNATURE

*Beverly T. Murphy, Executive Director*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | ERTENBERG, LUCY MD    |                                 |
| STREET ADDRESS | 832 SPRING LAKE SQ    |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |                                 |
| TITLE          | SD                    | <input type="checkbox"/> Delete |
| NAME           | RAFOOL, GORDON J MD   |                                 |
| STREET ADDRESS | 832 SPRING LAKE SQ    |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SILVA, RANJIT MD      |                                 |
| STREET ADDRESS | 832 SPRING LAKE SQ    |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | MURPHY, BEVERLY T     |                                 |
| STREET ADDRESS | 832 SPRING LAKE SQ    |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |  |   |
|----------------|--|---|
| 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 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 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 exemption stated in Section 119.07(3)(i), 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: ✓

*Beverly Murphy, Executive Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00

941-401-9360