

# 2001 UNIFORM BUSINESS REPORT (UBR).

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90008 001 \*\*\*\*70.00

**DOCUMENT # N04118**

1. Entity Name

**POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.**

Principal Place of Business

Mailing Address

832 SPRING LAKE SQ  
 WINTER HAVEN FL 33881  
 US

832 SPRING LAKE SQ  
 WINTER HAVEN FL 33881  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2484488**

Applied For.

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

Delete Suite #

City

**FL**

Zip Code

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*

(NOTE: Registered Agent signature required when reinstating)

*2-6-01*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dale Wickstrom, DO 832 Spring Lake Sq Winter Haven, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-6-01*

Date

*863-401-9360*

Daytime Phone #

CR2E037 (10/00)