

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04118

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.

Principal Place of Business

832 SPRING LAKE SQ  
WINTER HAVEN FL 33881  
US

Mailing Address

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

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

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 ☐ Delete  
NAME WICKSTROM, DALE DO  
STREET ADDRESS 832 SPRING LAKE SQ  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME SANDERS, James L. MD  
STREET ADDRESS 832 Spring Lake Sq.  
CITY-ST-ZIP Winter Haven, FL 33881

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90153 008 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)