

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90002 002 ****70.00

DOCUMENT # N04118

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.



Principal Place of Business

Mailing Address

5150 S. FLORIDA AVE
#111
LAKELAND FL 33813
US

5150 S. FLORIDA AVE
#111
LAKELAND FL 33813
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5110 S. Florida Ave

5110 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#111

#111

City & State

City & State

Lakeland FL

Lakeland, FL

Zip

Zip

Country

Country

33813

US

33813

US

1st MOORE

CR2E037 (10/06)

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
5150 S. FLORIDA AVE
#111
LAKELAND FL 33813

Name

Murphy, Beverly

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

5110 S. Florida Ave #111

City

Lakeland

FL

Zip Code

33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beverly T. Murphy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-24-07

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Delete
NAME	SEOANE, SERGIO MD	
STREET ADDRESS	5150 S. FLORIDA AVE, #111	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAFOOL, GORDON J MD	
STREET ADDRESS	5150 S. FLORIDA AVE #111	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	EXED	<input type="checkbox"/> Delete
NAME	MURPHY, BEVERLY T	
STREET ADDRESS	5150 S. FLORIDA, #111	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SCHEMMER, GARY MD	
STREET ADDRESS	5150 S. FLORIDA AVE, #111	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOBO, RALPH MD	
STREET ADDRESS	5150 S FLORIDA AVE, # 111	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	O	<input type="checkbox"/> Delete
NAME	Beverly Murphy	
STREET ADDRESS	5110 S. Florida Ave	
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5110 S. Florida Ave #111
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5110 S. Florida Ave #111
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	5110 S. Florida Ave #111
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	Beverly Murphy
CITY-ST-ZIP	5110 S. Florida Ave # 111 Lakeland FL 33813

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-07

Date

Daytime Phone #

863-644-4057