## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700010

1. Corporation Name

MEDICAL ASSOCIATES OF POLK, P.A. P97000101553 (0)

**FILED** Apr 08 1998 8:00am Secretary of State



Principal Place				
Principal Place of Business Mailing Address 350 FIRST STREET 350 FIRST STREET				F 1981/081 IN THE POST OFFICE STATE OF THE POST OF THE
WINTER HAVEN FL WINTER HAVEN FL				
				DO NOT WRITE IN THIS SPACE
'				<ol> <li>Date incorporated or Qualified</li> <li>12/02/1997</li> </ol>
	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 Cuito Apt 4	H ata	26 Suite Ant # ote		59-348/632 Not Applicable
Suite, Apt. 9	W. BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Regulred
I City & State	l	City & State		6. Election Campaign Financing \$5.00 May 8e
23		28		Trust Fund Contribution Added to Fees
l Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	[29]	30	Personal Property Tax due June 30. X Yes No
L'AI	9. Name and Address of Cur NCILIA, JOHN R	rent Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
	NOILIA, JUTIN K 88 W HIBISCUS BLVD			
	LBOURNE FL 32901		82 Street	Address (P.O. Box Number is Not Acceptable)
			83	
				[m] 7: O. d.
			84 City	FL 85 Zip Code
11. Pursuant to office or re	o the provisions of Sections 607.6 egistered agent, or both, in the St	0502 and 607.1508, Florida State of Florida Such change wa	lutes, the above-named is authorized by the cor	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
	n tamiliar with, and accept the ot	ongations of, Section 607.0505,	Fiorida Statutes.	
l		_		
SIGNATURE	Signature, typed or printed name of registered		OTE Registered Agent signature	
SIGNATURE	OFFICERS	faguint and title if applicable (N AND DIRECTORS		re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12.	OFFICERS D	saguns and title if applicable (N	WOTE Registered Agent signature 13. 1.1 TITLE	re required when reinstating) DATE
SIGNATURE 12. TITLE NAME	OFFICERS D JOHNSON, GARY	faguint and title if applicable (N AND DIRECTORS	KOTE Registered Agent signature 13. 1.1 TITLE 1.2 NAME	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. Thereby 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 received or turglee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or our an attachment with an address.

SIGNATURE:

941-293-8336