

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006751

Entity Name: POLK HEALTH INFORMATION EXCHANGE ORGANIZATION, INC.**FILED**
Mar 05, 2014
Secretary of State
CC8529976567**Current Principal Place of Business:**4315 HIGHLAND PARK BLVD
SUITE B
LAKELAND, FL 33813**Current Mailing Address:**4315 HIGHLAND PARK BLVD
SUITE B
LAKELAND, FL 33813 US**FEI Number: 27-3841777****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLALOCK WALTERS, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name PITTMAN, C. CHRISTOPHER
Address 4315 HIGHLAND PARK BLVD
SUITE B
City-State-Zip: LAKELAND FL 33813Title D
Name SCHEMMER, GARY
Address 4315 HIGHLAND PARK BLVD
SUITE B
City-State-Zip: LAKELAND FL 33813Title D
Name CORY, MATTHEW
Address 4315 HIGHLAND PARK BLVD
SUITE B
City-State-Zip: LAKELAND FL 33813Title D
Name CARRILLO, LUIS
Address 4315 HIGHLAND PARK BLVD
SUITE B
City-State-Zip: LAKELAND FL 33813Title D
Name NOBO, RAFAEL J
Address 4315 HIGHLAND PARK BLVD
SUITE B
City-State-Zip: LAKELAND FL 33813Title D
Name SEOANE, SERGIO B
Address 4315 HIGHLAND PARK BLVD
SUITE B
City-State-Zip: LAKELAND FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY SCHEMMER**D****03/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date