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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704957 (0)

1. Corporation Name

FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Principal Place of Business	Mailing Address
THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE FL 32301	THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1962
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-0730737 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WINN, STEPHEN R.
THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STM	1.1 TITLE	☐ Change ☐ Addition
NAME	WINN, STEPHEN	1.2 NAME	
STREET ADDRESS	2007 APALACHEE PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	JABLONSKI, DON	2.2 NAME	
STREET ADDRESS	26 NO. BEACH ST., STE. B	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, JOEL	3.2 NAME	
STREET ADDRESS	6101 WEB RD., SUITE 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☒ Change ☐ Addition
NAME	SHETTLE, PHILIP	4.2 NAME	D
STREET ADDRESS	670 N CLRWATER LARGO RD	4.3 STREET ADDRESS	SUROWIIZ, RON, D.O.
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	411 W. Indiantown Road
TITLE	PD	5.1 TITLE	Jupiter, FL 33458 ☒ Change ☐ Addition
NAME	SUROWITZ, RON, D.O.	5.2 NAME	ty FLESNER, III, WALT D.O.
STREET ADDRESS	411 W. INDIANTOWN ROAD	5.3 STREET ADDRESS	1011 Ives Dairy Rd, Suite 105
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	N. Miami Beach, FL 33179
TITLE	2VD	6.1 TITLE	☐ Change ☒ Addition
NAME	FLESNER, M WALT	6.2 NAME	2V LEVINE, DAVID D.O.
STREET ADDRESS	1011 IVES DAIRY RD. SUITE 105	6.3 STREET ADDRESS	1111 W. Broward Boulevard
CITY-ST-ZIP	N. MIAMI BEACH FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33312

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen R. Winn 4/14/95 904/878-7364
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

000048