**FILE NOW: FILING FEE IS $61.25**

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>2007 APALACHEE PARKWAY<br>TALLAHASSEE FL 32301 | THE HULL BUILDING<br>2007 APALACHEE PARKWAY<br>TALLAHASSEE FL 32301-4847 |

3. Date Incorporated or Qualified: 12/19/1962
3a. Date of Last Report: 04/29/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WINN, STEPHEN<br>8 APPLEGATE DR.<br>ATHENS OH | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ST<br>STEPHEN R. WINN<br>2007 Apalachee Parkway<br>Tallahassee, FL 32301 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JABLONSKI, DON<br>26 NO. BEACH ST., STE. B<br>ORMOND BCH FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | P<br>DAVID LEVINE, D.O.<br>1111 W. Broward Blvd<br>Ft. Lauderdale, FL 33312 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FLESNER 111 WALTER<br>1011 IVES DAIRY, RD STE 105<br>N MIAMI BCH FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VD<br>E. DALE BRANDT, D.O.<br>2060 5th Avenue N.<br>St. Petersburg, FL 33713-8012 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LEVINE DAVID B.<br>111 W BROWARD BLVD.<br>FT. LAUDERDALE FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | VD<br>LARRY L. MATTINGLY, D.O.<br>609 Kingsley Avenue<br>Orange Park, FL 32073 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BRANDT E. DALE<br>2060 5TH AVE NORTH<br>ST. PETERBURG FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | VD<br>William Silverman, D.O.<br>598 Ruby Court<br>Maitland, FL 32751 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MATTINGLY, LARRY L.<br>609 KINGSLEY AV<br>ORANGE PARK FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | D<br>Jeffrey Haller, D.O.<br>1426 SE 44th Street Cape Coral FL 33904 ☐ Change ☐ Addition |

CR2E037 (9/96)

14. I do 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 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:** S. Winn STEPHEN R. WINN 904- 878-7364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007363