FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90111 021 ****61.25

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DOCUMENT # 704957

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 12/19/1962

4. FEI Number: 59-0730737 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WINN, STEPHEN R		1.2 NAME		
STREET ADDRESS	2007 APALACHEE PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SELZER, PAUL D.O.		2.2 NAME		
STREET ADDRESS	2051 45TH STREET, SUITE 101		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33407		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BRANDT, E. D D.O.		3.2 NAME	HAUSER, AL D.O.	
STREET ADDRESS	2060 5TH AVE. N.		3.3 STREET ADDRESS	HC-2 BOX 673	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	OLD TOWN, FL 32680	
TITLE	VD	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	MATTINGLY, LARRY L D.O.		4.2 NAME	MATTINGLY, LARRY L. D.O.	
STREET ADDRESS	609 KINGSLEY AVE.		4.3 STREET ADDRESS	7764 NORMANDY BLVD, STE 24B	
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, WILLIAM D		5.2 NAME		
STREET ADDRESS	590 RUBY COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HALLER, JEFFREY D		6.2 NAME		
STREET ADDRESS	1426 S.E. 44TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-30-99 — 850/878-7364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #