2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90043 040 ****61.25

DOCUMENT # 704957

1. Entity Name

FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

B00032602

DO NOT WRITE IN THIS SPACE

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINN, STEPHEN R. THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WINN, STEPHEN R 2007 APALACHEE PKWY TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURNS, RONALD DO 2865 OLD CASTLE DRIVE WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D SELTZER, PAUL DO 2051 45TH STREET, SUITE 101 WEST PALM BEACH FL 33407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUJNOSKI, JOANNE DO 5151 N. 9th AVE PENSACOLA, FL 32504	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUSER, AL DO HC-2 BOX 673 OLD TOWN FL 32680	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP P ROSE, JOEL B DO 6101 WEBB ROAD, STE. 207 TAMPA FL 33615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SILVERMAN, WILLIAM D 590 RUBY COURT MAITLAND FL 32751	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSTON, TIMOTHY L DO 203 SOUTH YONGE STREET ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #