2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 704957

1. Entity Name
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

FILED
04 FEB 13 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

02122004 Chg-NP CR2E037 (10/03) MRS

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

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

7. Name and Address of New Registered Agent

Name

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

200029251942
02/23/04--01073--006 **61.25

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida 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	D GIAIMO, JOSEPH A. DO 1011 SINGER DRIVE SINGER ISLAND, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SELTZER, PAUL DO 2051 45TH STREET, SUITE 101 WEST PALM BEACH, FL 33407	☒ Delete	D THACKER, RICHARD R. DO 9381 WINTER CREEK COURT TALLAHASSEE, FL 32309	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURNS, RONALD 2865 OLD CASTLE DRIVE WINTER PARK, FL 32792	☐ Delete	P BURNS, RONALD, DO 2865 OLD CASTLE DRIVE WINTER PARK, FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSE, JOEL B DO 6101 WEBB ROAD, STE. 207 TAMPA, FL 33615	☐ Delete	D ROSE, JOEL B. DO 6101 WEBB ROAD, SUITE 207 TAMPA, FL 33615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BUJNOSKI, JOANNE RO 5151 N. 9TH AVE PENSACOLA, FL 32504	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSTON, TIMOTHY L DO 203 SOUTH YONGE STREET ORMOND BEACH, FL 32174	☐ Delete	D JOHNSTON, TIMOTHY L. DO 203 SOUTH YONGE STREET ORMOND BEACH, FL 32174	☒ Change ☐ Addition

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: Stephen R. Winn 02/13/04 878-7364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #