2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 704957

1. Entity Name
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

FILED
05 APR 29 AM 10:27
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

04012005 Chg-NP CR2E037 (10/03)

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)

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, 2005

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900054015019 05/06/05--01066--007 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIAIMO, JOSEPH A DO 1011 SINGER DRIVE SINGER ISLAND, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Giaimo, Joseph A. DO 1011 Singer Drive Singer Island, FL 33404 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURNS, RONALD DO 2865 OLD CASTLE DRIVE WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burns, Ronald DO 2865 Old Castle Drive Winter Park, FL 32792 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSE, JOEL B DO 6101 WEBB ROAD, STE. 207 TAMPA, FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ottaviani, Anthony N. DO 13644 Walsingham Road Largo, FL 33774 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THACKER, RICHARD R DO 9381 WINTER CREEK COURT TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, TIMOTHY L DO 203 SOUTH YONGE STREET ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hayden, Anna Z.DO 1111 W. Broward Blvd. Ft. Lauderdale, FL 33312 ☐ 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.

4/27/05

SIGNATURE: _____ Stephen R. Winn Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #