FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751310** **(4)**

1. Corporation Name

FLORIDA SOCIETY OF THE AMERICAN COLLEGE OF GENER AL PRACTITIONERS IN OSTEOPATHIC MEDICINE AND SUR

Principal Place of Business	Mailing Address
1262 9TH STREET NORTH ST. PETERSBURG FL 33705	1262 9TH STREET NORTH ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2013158 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VARIDIN, P.E., D.O. 1262 9TH STREET NORTH ST. PETERSBURG FL 33705	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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	P D	XX Change ☐ Addition
NAME	FERNANDEZ, ROBERT D O	12 NAME	Wilson, Terence D O	
STREET ADDRESS	1750 NE 167TH ST	13 STREET ADDRESS	8009 S Orange Ave.	
CITY-ST-ZIP	NO MIAMI BCH FL	14 CITY-ST-ZIP	Orlando FL 32809	
TITLE	PE	21 TITLE	PE D	XX Change ☐ Addition
NAME	WILSON, TERENCE DO	22 NAME	Hall, Donald DO	
STREET ADDRESS	8009 S ORANGE AVE	23 STREET ADDRESS	1201 5th Avenue N.	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	PP	31 TITLE	D	☐ Change ☐ Addition
NAME	FRANKLIN, MARK DO	32 NAME		
STREET ADDRESS	10225 ULMERTON RD 1-A	33 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	D	☐ Change ☐ Addition
NAME	RADNOTHY, LOUIS D.O.	42 NAME		
STREET ADDRESS	390 S CENTRAL	43 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE	VP D	☐ Change ☐ Addition
NAME	HALL, DONALD DO	52 NAME	Levine, David D.O.	
STREET ADDRESS	1201 5TH AVE	53 STREET ADDRESS	1111 W Broward Blvd	
CITY-ST-ZIP	ST PETERSBURG FL	54 CITY-ST-ZIP	Ft. Lauderdale FL	
TITLE	S	61 TITLE	D	☐ Change ☐ Addition
NAME	LEVINE, DAVID DO	62 NAME		
STREET ADDRESS	1111 W BROWARD BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Terence Wilson, D.O., President 4-01-95 (813) 823-4351
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY LAW TO SIGN ON BEHALF OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014633