FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 5766 5th Avenue N.
Suite, Apt. #, etc. 22
City & State 23 St. Petersburg, FL
Zip 24 33710 Country 25 Pinellas

2a. Mailing Address
26 5766 5th Avenue N.
Suite, Apt. #, etc. 27
City & State 28 St. Petersburg, FL
Zip 29 33710 Country 30 Pinellas

4. FEI Number: 59-2013158 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VARIDIN, P.E., D.O.
1262 9TH STREET NORTH
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5766 5th Avenue N.
83
84 City St. Petersburg FL 85 Zip Code 33710

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 reg. /new agent and, if applicable, title (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FERNANDEZ, ROBERT D O 1750 NE 167TH ST NO MIAMI BCH FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Donald Hall, DO 1201 5th Avenue N. St. Petersburg, FL 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILSON, TERENCE DO 8009 S ORANGE AVE ORLANDO FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	President Elect David B. Levine, DO 1111 W. Broward Blvd. Ft. Lauderdale, FL 33312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP FRANKLIN, MARK DO 10225 ULMERTON RD 1-A LARGO FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Vice-president Douglas Walsh, DO 906 Tamiami Trail N Ruskin, FL 33570	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RADNOTHY, LOUIS D.O. 390 S CENTRAL UMATILLA FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED HALL, DONALD DO 1201 5TH AVE ST PETERSBURG FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Secretary Elizabeth Pepe, DO P.O. Box 1774 Deleon Springs, FL 32130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEVINE, DAVID DO 1111 W BROWARD BLVD FT LAUDERDALE FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Immediate Past President Terence Wilson, DO 8009 S. Orange Ave Orlando, FL 32809	☒ Change ☐ Addition

CR2E037 (12/95)

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: _____ DONALD W. HALL, D.O. 3-21-98 (813)823-4351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #