FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jul 18 1997 8:00am
Secretary of State

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
5766 5TH AVE N ST. PETERSBURG FL 33710 US	5766 5TH AVE N ST. PETERSBURG FL 33710-7104 US

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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.
5766 5TH AVE N
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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 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 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	☒ DELETE	1.1 TITLE	PRESIDENT D ☒ Change ☐ Addition
NAME	HALL, DONALD		1.2 NAME	LEVINE, DAVID B.
STREET ADDRESS	1201 5TH AVE N		1.3 STREET ADDRESS	1111 W BROWARD BLVD
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	P	☒ DELETE	2.1 TITLE	PRESIDENT ELECT D ☒ Change ☐ Addition
NAME	LEVINE, DAVID B		2.2 NAME	DOUGLAS WALSH DO
STREET ADDRESS	1111 W BROWARD BLVD		2.3 STREET ADDRESS	906 TAMIAMI TRAIL N
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	~~RUSKIN FL 33570~~
TITLE	V	☒ DELETE	3.1 TITLE	VICE PRESIDENT D ☒ Change ☐ Addition
NAME	WALSH, DOUGLAS		3.2 NAME	ELIZABETH PEPE DO
STREET ADDRESS	906 TAMIAMI TRAIL N		3.3 STREET ADDRESS	~~P O BOX 1774~~ 1380 S PATRICK DR
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP	SATELLITE BCH ~~FL 32130~~ 32937
TITLE	TD D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RADNOTHY, LOUIS D.O.		4.2 NAME	
STREET ADDRESS	390 S CENTRAL		4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL		4.4 CITY-ST-ZIP	
TITLE	PED	☒ DELETE	5.1 TITLE	secretary D ☒ Change ☐ Addition
NAME	HALL, DONALD DO		5.2 NAME	DANIEL MCBATH DO
STREET ADDRESS	1201 5TH AVE		5.3 STREET ADDRESS	13925 17TH STREET
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	~~DADE CITY FL 33525~~
TITLE	P	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, TERENCE		6.2 NAME	
STREET ADDRESS	8009 S ORANGE AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: