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Jul 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 GENERAL PRACTITIONERS IN OSTEOPATHIC MEDICINE AND SUR			
Principal Place of Business 5766 5TH AVE N ST. PETERSBURG FL 33710 US		Mailing Address 5766 5TH AVE N ST. PETERSBURG FL 33710 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, DAVID B 1111 W BROWARD BLVD FT LAUDERDALE FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Douglas Walsh, DO 906 Tamiami Trail Ruskin, FL 33570 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED WALSH, DOUGLAS 906 TAMIA MI TRAIL N RUSKIN FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Elect Elizabeth Hancock, DO 1380 S Patrick DR Satellite Beach, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEPE, DO E 1390 S PARTICK DR SATELLITE BEACH FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President 30937 Daniel McBath, DO 13925 17th Street Dade City, FL 33525 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADNOTHY, LOUIS D.O. 390 S CENTRAL UMATILLA FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer B. A. Raines, DO, 9555 SEMINOLE BLVD P.O. Box 3690, SEMINOLE FL 33772 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCBATH, DO D 13925 17TH STREET DADE CITY FL ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Secretary John Killinen, DO 400 15th Street N. St. Petersburg, FL 33705 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition



CR2E037 (10/97)

14. 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 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: *John R. Killinen* **JOHN R. KILLINEN, DO** **400 15th Street N. St. Petersburg, FL 33705**