

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90055 050 \*\*\*\*61.25

**DOCUMENT # 751310**

1. Entity Name

**FLORIDA SOCIETY OF THE AMERICAN COLLEGE OF  
GENERAL PRACTITIONERS IN OSTEOPATHIC MEDICINE**



Principal Place of Business

**1930 GEORGIANA ST  
11  
LARGO FL 33774  
US**

Mailing Address

**PO BOX 2025  
LARGO FL 33779  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-2013158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBSTER, KENNETH E  
1930 GEORGIANA ST 11  
PO BOX 2025  
LARGO FL 33779**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 PD ☐ Delete  
NAME VARIDIN, MARK D  
STREET ADDRESS 5778-5TH AVE N  
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PED ☐ Delete  
NAME MCBETH, DANIEL D.O.  
STREET ADDRESS 13417 US HIGHWAY 301, SUITE B  
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME GROVE, JREFFERY  
STREET ADDRESS 360 CLEARWATER CARLO RD  
CITY-ST-ZIP LARGO FL 33770

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME KILLINEN, JOHN DO  
STREET ADDRESS 4000 15TH STREET N  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME BLCKBURN, ROBERT - PRESIPEN  
STREET ADDRESS 10494 NORTH CLIFF BLVD  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME JAMES, GREGORY  
STREET ADDRESS 13540 WALSINGHAM ROAD  
CITY-ST-ZIP LARGO FL 33774

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:** *Robert J. Blackburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-04 (927) 582-9317**  
Date Daytime Phone #