2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751310

Apr 21, 2005 Secretary of State

Entity Name: FLORIDA SOCIETY OF THE AMERICAN COLLEGE OF GENERAL PRACTITIONERS IN OSTEOPATHIC MEDICINE AND SURGERY, INC.

Current Principal Place of Business: New Principal Place of Business:

1930 GEORGIANA ST

LARGO, FL 33774

New Mailing Address: Current Mailing Address:

PO BOX 2025

LARGO, FL 33779 US

FEI Number: 59-2013158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

VARIDIN, MARK D Name: Name:

5778-5TH AVE N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33710 US City-St-Zip:

Title: PED () Delete Title: () Change () Addition

MCBETH, DANIEL D.O. Name: Name: Address: 13417 US HIGHWAY 301, SUITE B Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip:

Title: () Delete Title: () Change () Addition

GROVE, JREFFERY Name: Name: 360 CLEARWATER CARLO RD Address: Address: City-St-Zip: LARGO, FL 33770 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

Name: KILLINEN, JOHN DO Name: Address: 4000 15TH STREET N Address: City-St-Zip: ST. PETERSBURG, FL 33705 City-St-Zip:

Title: () Delete Title: () Change () Addition

BLCKBURN, ROBERT Name: Name: 10494 NORTH CLIFF BLVD Address: Address: City-St-Zip: SPRING HILL, FL 34608 City-St-Zip:

Title: () Delete Title: () Change () Addition

JAMES, GREGORY Name: Name: Address: 13540 WALSINGHAM ROAD Address: LARGO, FL 33774 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY E. BODKIN JR. MGRM 04/21/2005