

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751310

1. Entity Name
FLORIDA SOCIETY OF THE AMERICAN COLLEGE OF
GENERAL PRACTITIONERS IN OSTEOPATHIC
MEDICINE AND SUR



FILED
06 JUN -7 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

04282006 Chg-NP CR2E037 (4/06)

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

7. Name and Address of New Registered Agent
Name LARRY E. BODKIN, JR, MS, CAE
Street Address (P.O. Box Number is Not Acceptable)
4008 BRANDON HILL DRIVE
City TALLAHASSEE FL Zip Code 32309

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 *L. E. Bodkin*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 06/20/06--01072--021 **\$1.25
300076399303
4-30-06

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VARIDIN, MARK D 5778-5TH AVE N SAINT PETERSBURG, FL 33710 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGET A. BOLLINGER 8588 STARKY ROAD SUITE A LARGO, FL 33777 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED MCBETH, DANIEL D.O. 13417 US HIGHWAY 301, SUITE B DADE CITY, FL 33525 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH S. DEGAETANO 3200 SOUTH UNIVERSITY DRIVE FT. LAUDERDALE, FL 33328 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROVE, JREFFERY 360 CLEARWATER CARLO RD LARGO, FL 33770 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM H. STAGER 2617 NORTH FLAGER DRIVE WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILLINEN, JOHN DO 4000 15TH STREET N ST. PETERSBURG, FL 33705 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RONNIE B. MARTIN 936 INTRACOASTAL DRIVE #16A FT. LAUDERDALE, FL 33304 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLCKBURN, ROBERT 10494 NORTH CLIFF BLVD SPRING HILL, FL 34608 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANDY SHUCK 1202 66TH STREET NORTH ST. PETERSBURG, FL 33710 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, GREGORY 13540 WALSINGHAM ROAD LARGO, FL 33774 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M. LARRY E. BODKIN JR. 2563 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32309 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *L. E. Bodkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-30-06 856-531-8385
Date Daytime Phone #