

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N05000001160

**Entity Name:** FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT 3, INC.

**Current Principal Place of Business:**

2007 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2007 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SIPPRELL, THOMAS  
2007 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      HARRISON, MATTHEW  
Address:                      2007 APALACHEE PARKWAY  
City-St-Zip:                      TALLAHASSEE, FL 32301

Title:                      D                      ( ) Delete  
Name:                      HARRISON, MARK F  
Address:                      2007 APALACHEE PARKWAY  
City-St-Zip:                      TALLAHASSEE, FL 32301

Title:                      D                      ( ) Delete  
Name:                      SIPPRELL, THOMAS  
Address:                      2007 APALACHEE PARKWAY  
City-St-Zip:                      TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS A. SIPPRELL D.O.

TRES

05/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date