

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001160

FILED
Apr 08, 2008
Secretary of State

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: 59-6159260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIPPRELL, THOMAS
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SIPPRELL, THOMAS
2828 CASA ALOMA WAY
SUITE 100
WINTER PARK, FL 32792 US

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:

04/08/2008

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.O. (X) Change () Addition
Name: PINELESS, HAL S
Address: 1890 STATE RD 436
City-St-Zip: WINTER PARK, FL 32792

Title: D.O. (X) Change () Addition
Name: PINELESS, HAL S
Address: 1890 STATE RD 436
City-St-Zip: WINTER PARK, FL 33792

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

I hereby certify that the information supplied with this filing does not qualify 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.

D.O.

04/08/2008

Electronic Signature of Signing Officer or Director

Date