

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001160

**FILED**  
**Apr 09, 2012**  
**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:**

SIPPPELL, THOMAS  
4063 N.GOLDENROD RD  
SUITE 5  
WINTER PARK, FL 32792 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.O.  
Name: VOIRIN, JAMES  
Address: 7408 RED BUG LAKE RD  
City-St-Zip: OVEIDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A.SIPPPELL D.O.

TREA

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date