

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000328

FILED
Jan 06, 2011
Secretary of State

Entity Name: FLORIDA STATE ORIENTAL MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

189 MAGNOLIA ST
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

223 SNOW GOOSE LANE
JACKSONVILLE, FL 32225 US

Current Mailing Address:

PO BOX 331097
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 65-0456501 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, LORRY S M.ED
189 MAGNOLIA ST
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

DAVIS, LORRY S M.ED
223 SNOW GOOSE LANE
JACKSONVILLE, FL 32225 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:

01/06/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DELARA, PEGGY L
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: VP
Name: ELLEN, TEETER
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S
Name: BLACK-CAPORALE, KYM
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T
Name: DUNETZ, RODNEY
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ED
Name: DAVIS, LORRY S
Address: PO BOX 331097
City-St-Zip: ATLANTIC BEACH, FL 32233

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: LORRY S DAVIS

ED

01/06/2011

Electronic Signature of Signing Officer or Director

Date