

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704957

Entity Name: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION**Current Principal Place of Business:**2544 BLAIRSTONE PINES DRIVE, #1
TALLAHASSEE, FL 32301**Current Mailing Address:**2544 BLAIRSTONE PINES DRIVE, #1
TALLAHASSEE, FL 32301 US**FEI Number:** 59-0730737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WINN, STEPHEN R
2544 BLAIRSTONE PINES DRIVE, #1
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ST
Name WINN, STEPHEN R
Address 2544 BLAIRSTONE PINES DRIVE
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name BROWN, LEE ANN DR.
Address 28050 US HIGHWAY 19 NORTH
SUITE 100
City-State-Zip: CLEARWATER FL 33761

Title PRESIDENT ELECT
Name KAPROW, MARC G DR.
Address 3100 SW 145TH AVE
SUITE 200
City-State-Zip: MIRAMAR FL 33027

Title SECOND VICE PRESIDENT
Name SCOTCH, BRETT M DR.
Address 27406 CASHFORD CIRCLE
City-State-Zip: WESLEY CHAPEL FL 33544

Title PAST PRESIDENT
Name LENCHUS, JOSHUA DR.
Address 1120 NE 14TH STREET
1600 SOUTH ANDREWS AVENUE
City-State-Zip: FORT LAUDERDALE FL 33316

Title PRESIDENT
Name GOLDSMITH, ERIC A DR.
Address 1236 WALDEN DRIVE
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name MARKOU, MICHAEL DR.
Address 1266 TURNER STREET
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name CHASE, DO, CHARLES
Address 2065 VENETIAN WAY
SUITE 1000
City-State-Zip: WINTER PARK FL 32789

Continues on page 2

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: ERIC A. GOLDSMITH, DO**PRESIDENT****03/31/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RANKIN, BRUCE
Address 862 PEACHWOOD DRIVE
City-State-Zip: DELAND FL 32720

Title DIRECTOR
Name NELSON, JEFFREY DR
Address 1530 CELEBRATION BOULEVARD
SUITE 200
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR
Name TOWRY, JAMES DR.
Address 7502 SW 60TH AVENUE
SUITE A
City-State-Zip: OCALA FL 34476