2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2015
Secretary of State
CC3137465637

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	2007 APALACHEE PKWY
City-State-Zip:	TALLAHASSEE FL

Title	PRESIDENT
Name	STAGER, WILLIAM DR.
Address	311 GOLF ROAD, SUITE 1100
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	DE GAETANO, JOSEPH S DR.
Address	3200 S. UNIVERSITY DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33328

Title	DIRECTOR
Name	LUNA, JORGE DR.
Address	4801 S UNIVERSITY DRIVE, SUITE 110
City-State-Zip:	DAVIE FL 33328

Title	VP
Name	BIXLER, NICOLE H DR.
Address	120 MEDICAL BOULEVARD, SUITE 103
City-State-Zip:	SPRING HILL FL 34609

Title	DIRECTOR
Name	LENCHUS, JOSHUA DR.
Address	14959 SW 59T STREET
City-State-Zip:	DAVIE FL 33331

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: STEPHEN R. WINN REGISTERED AGENT 04/08/2015

Electronic Signature of Signing Officer/Director Detail — Date