2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2017
Secretary of State
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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: Yes

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	LENCHUS, JOSHUA DR.
Address	1120 NE 14TH STREET 1185 CRB (C216)
City-State-Zip:	MIAMI FL 33136

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

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

Title	PRESIDENT
Name	RENUART, SR., RONALD J. DR.
Address	520 A1A NORTH, STE 101
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP
Name	VOIRIN, JAMES A DR.
Address	7408 RED BUG LAKE ROAD
City-State-Zip:	OVIEDO FL 32765

Title	DIRECTOR
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

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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 WINN SECRETARY 03/10/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	HERNANDEZ, MAYRENE DR.
Address	3100 SW 145TH AVE, STE 200
City-State-Zip:	MIRAMAR FL 33027

Title	DIRECTOR
Name	BIXLER, NICOLE DR.
Address	120 MEDICAL BLVD, STE 103
City-State-Zip:	SPRING HILL FL 34609