

2016 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	PRESIDENT
Name	BIXLER, NICOLE H DR.
Address	120 MEDICAL BOULEVARD, SUITE 103
City-State-Zip:	SPRING HILL FL 34609

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

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

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

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

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

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

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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 R. WINN**REGISTERED AGENT****03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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