2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2023
Secretary of State
3069439198CC

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

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

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

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

Title	DIRECTOR
Name	SASSANO, JOSEPH A DR.
Address	7013 S. TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34231

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: BRETT SCOTCH PRESIDENT 04/05/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DELEON, CESAR ROBERTO DR.
Address	501 GOODLETTE ROAD SUITE 100A
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	MENDEZ, MICHELLE R
Address	1909 BEACH BLVD SUITE 102
City-State-Zip:	JACKSONVILLE FL 32250

Title	DIRECTOR
Name	MCCANN, SEAN JAMES
Address	1324 LAKELAND HILLS BLVD
City-State-Zip:	LAKELAND FL 33805