2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
4959634281CC

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

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

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

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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: JAMES VOIRIN, DO PRESIDENT 04/30/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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