**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 09, 2025**
**Secretary of State**
**6512666127CC**

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 | DIRECTOR |
| Name | FLORENT-CARRE, MARIE DR. |
| Address | 10741 PARIS STREET |
| City-State-Zip: | HOLLYWOOD FL 33026 |

| | |
|---|---|
| Title | VP |
| Name | TOWRY, JAMES DR. |
| Address | 7502 SW 60TH AVENUE<br>SUITE A |
| City-State-Zip: | OCALA FL 34476 |

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

| | |
|---|---|
| Title | PAST PRESIDENT |
| Name | MARKOU, MICHAEL DR. |
| Address | 1266 TURNER STREET |
| City-State-Zip: | CLEARWATER FL 33756 |

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

| | |
|---|---|
| Title | FIRST VICE PRESIDENT |
| Name | NELSON, JEFFREY DR |
| Address | 1530 CELEBRATION BOULEVARD<br>SUITE 200 |
| City-State-Zip: | CELEBRATION FL 34747 |

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

**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: BRUCE RANKIN PRESIDENT 04/09/2025

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

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

Title DIRECTOR
Name AMINI, KAYVAN DR.
Address 601 N FLAMINGO DRIVE
#407
City-State-Zip: PEMBROKE PINES FL 33028

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