

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704957

Entity Name: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Current Principal Place of Business:

THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

Current Mailing Address:

THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

FEI Number: 59-0730737

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WINN, STEPHEN R
THE HULL BUILDING
2007 APALACHEE PARKWAY
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 2007 APALACHEE PKWY
City-State-Zip: TALLAHASSEE FL

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

Title DIRECTOR
Name DE GAETANO, JOSEPH S DR.
Address 3200 S. UNIVERSITY DRIVE
City-State-Zip: FORT LAUDERDALE FL 33328

Title P, PRESIDENT
Name LUNA, JORGE DR.
Address 4801 S UNIVERSITY DRIVE, SUITE 110
City-State-Zip: DAVIE FL 33328

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

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: JORGE LUNA

PRESIDENT

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date