

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751310

Entity Name: FLORIDA SOCIETY OF THE AMERICAN COLLEGE OF
OSTEOPATHIC FAMILY PHYSICIANS, INC.**Current Principal Place of Business:**2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301**Current Mailing Address:**2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301 US**FEI Number: 59-2013158****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WINN, STEPHEN R.
2544 BLAIRSTONE PINES DRIVE
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:** STEPHEN R. WINN**03/14/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IMMEDIATE PAST PRESIDENT
Name RANKIN, DO, BRUCE G.
Address 862 PEACHWOOD DRIVE
City-State-Zip: DELAND FL 32720

Title VP
Name DELO, DO, LINDA
Address 7309 S INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34982

Title PRESIDENT
Name LEDBETTER, SUSAN DR.
Address 520 SE 5TH AVE #1113
City-State-Zip: FORT LAUDERDALE FL 33301

Title PRESIDENT ELECT
Name ARCOS, DO, BARBARA
Address 3200 S UNIVERSITY DRIVE
City-State-Zip: FORT LAUDERDALE FL 33328

Title TREASURER
Name LUNA, JORGE D DR.
Address 4801 SOUTH UNIVERSITY DRIVE
SUITE 110
City-State-Zip: DAVIE FL 33328

Title SECRETARY
Name EISENBERG, TRACI-LYN
Address 3200 SOUTH UNIVERSITY DRIVE
City-State-Zip: FORT LAUDERDALE FL 33328

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: SUSAN LEDBETTER**PRESIDENT****03/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date