2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 29, 2013
Secretary of State
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Entity Name: FLORIDA SOCIETY OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS, INC.

Current Principal Place of Business:

P. O. BOX 12187
TALLAHASSEE, FL 32317

Current Mailing Address:

P. O. BOX 12187
TALLAHASSEE, FL 32317 US

FEI Number: 59-2013158

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BODKIN, JR, MS, CAE, LARRY E.
P. O. BOX 12187
TALLAHASSEE, FL 32317 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: LARRY E. BODKIN, JR, MS, CAE 04/29/2013

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	GROSS, DO, ANDREW S.
Address	9555 SEMINOLE BOULEVARD, SUITE 204
City-State-Zip:	SEMINOLE FL 33772

Title	VP
Name	GUNTHER, DO, ELIZABETH A.
Address	811 N OCEANSHORE BLVD
City-State-Zip:	FLAGLER BEACH FL 32136

Title	TREAS
Name	GOODMAN, DO, JAMIE A.
Address	253 WEST SEAVIEW DRIVE
City-State-Zip:	DUCK KEY FL 33050

Title	PRES ELECT
Name	BIXLER, DO, NICOLE S.
Address	120 MEDICAL BOULEVARD, SUITE 103
City-State-Zip:	SPRING HILL FL 34609

Title	PAST PRES
Name	CALZADA, DO, PABLO
Address	11200 SW 8TH STREET, HLS II, ROOM 463
City-State-Zip:	MIAMI FL 33199

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

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: ANDREW S. GROSS, DO PRES 04/29/2013

Electronic Signature of Signing Officer/Director Detail — Date