2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2023
Secretary of State
2177801376CR

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: No

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 10/09/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	MORAN-WALCUTT, DO, PAMELA JEANNE DR.
Address	3200 SOUTH UNIVERSITY DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33328-2018

Title	PRESIDENT
Name	FIORILLO, DO, MICHELLE DR
Address	1100 EAST BROWARD BLVD
City-State-Zip:	FORT LAUDERDALE FL

Title	SECRETARY
Name	NELSON, JEFFREY DR.
Address	960 BACKSTAGE LANE
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	IMMEDIATE PAST PRESIDENT
Name	EISENBERG, DO, TRACI-LYN DR.
Address	3200 SOUTH UNIVERSITY DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33328

Title	VP
Name	MAGNESS, DAVID DR
Address	960 BACKSTAGE LANE
City-State-Zip:	LAKE BUENA VISTA FL 32830

Title	TREASURER
Name	DIBETTA, EUGENE DR.
Address	12020 SEMINOLE BLVD
City-State-Zip:	LARGO FL 33778

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: MICHELLE FIORILLO, DO PRESIDENT 10/09/2023

Electronic Signature of Signing Officer/Director Detail — Date