

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001160

**FILED**  
**May 08, 2013**  
**Secretary of State**  
**CC8554001602**

**Entity Name:** FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT 3, INC.

**Current Principal Place of Business:**

2007 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2007 APALACHEE PARKWAY  
TALLAHASSEE, FL 32301

**FEI Number:** 59-6159260

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIPPRELL, THOMAS  
4063 N.GOLDENROD RD  
SUITE 5  
WINTER PARK, FL 32792 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            D.O.  
Name            SIPPRELL, THOMAS A DR.  
Address        4063 N. GOLDENROD RD  
                  SUITE 5  
City-State-Zip: WINTER PARK FL 32792

*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:** THOMAS A. SIPPRELL D.O.

**TREASURER**

**05/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date