

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001160

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**9245755221CC**

**Entity Name:** FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT 3, 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:** 59-6159260

**Certificate of Status Desired:** No

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

WINN, JASON ESQ.  
2709 KILLARNEY WAY  
SUITE 4  
TALLAHASSEE, FL 32309 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:** JASON WINN, ESQ

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NELSON, JEFFREY DO  
Address        8102 SOLDIERWOOD STREET  
City-State-Zip: WINTER GARDEN FL 34787

Title            VP  
Name            MCCANN, SEAN DO  
Address        3620 MOSS POINTE PLACE  
City-State-Zip: LAKE MARY FL 32746

*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:** JEFFREY NELSON, DO

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date