

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001160

FILED
Apr 30, 2019
Secretary of State
3788894794CC

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

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name THOMAS, BRETT DR.
Address 1160 SOUTH SEMORAN BLVD
SUITE C
City-State-Zip: TALLAHASSEE FL 32807

Title SECRETARY, TREASURER
Name SIPPRELL, DO, THOMAS DR.
Address 2828 CASA ALOMA WAY
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name CHASE, DO, CHARLES DR.
Address 2065 VENETIAN WAY
SUITE 1000
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT
Name HEURICH, EVA-MARIE DR
Address 109 LAKE BRANTLEY TERRACE
City-State-Zip: LONGWOOD FL 32779

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: EVA-MARIE HEURICH

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date