

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008902

Entity Name: ADVOCATES TO THE FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION, INC.

FILED
Apr 11, 2013
Secretary of State
CC7525486429

Current Principal Place of Business:

2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

Current Mailing Address:

2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

FEI Number: 59-6135812

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLANTZ, JENA
2007 APALACHEE PARKWAY
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NOVOTNY, GARY
Address 7309 S. INDIAN RIVER DRIVE
City-State-Zip: FORT PIERCE FL 34982

Title ST
Name SILVAGNI, DIANNA
Address 936 INTRACOASTAL DRIVE 14-A
City-State-Zip: FORT LAUDERDALE FL 33304

Title D
Name THACKER, SHERRY
Address 9381 WINTER CREEK COURT
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name BURNS, JANET
Address 2865 OLD CASTLE DRIVE
City-State-Zip: WINTER PARK FL 32792

Title D
Name SILVERMAN, DOTTIE
Address 1248 WELLINGTON TERRACE
City-State-Zip: MAITLAND FL 32751

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: DOTTIE SILVERMAN

DIRECTOR

04/11/2013

Electronic Signature of Signing Officer/Director Detail

Date