

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008902

**FILED**  
**Apr 08, 2015**  
**Secretary of State**  
**CC7780891936**

**Entity Name:** ADVOCATES TO THE FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION, 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: 59-6135812**

**Certificate of Status Desired: No**

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

GLANTZ, JENA  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title            VP  
Name            PINELESS, EDY R  
Address        559 TIMBER RIDGE DRIVE  
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: DIANNA SILVAGNI**

**PRESIDENT**

**04/08/2015**

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

\_\_\_\_\_  
Date