

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000010595

Entity Name: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT
16, INC.**FILED**
Jul 10, 2023
Secretary of State
5225786481CC**Current Principal Place of Business:**720 E. NEW HAVEN AVE STE 11
MELBOURNE, FL 32901**Current Mailing Address:**720 E. NEW HAVEN AVE STE 11
MELBOURNE, FL 32901**FEI Number: 92-0938714****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSON, PATRICK J
2200 FRONT ST STE 301
MELBOURNE, FL 32901 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 DPT
Name POTOMSKI, JOHN
Address 720 E. NEW HAVEN AVE STE 11
City-State-Zip: MELBOURNE FL 32901Title DT
Name OLSSON, JAY
Address 401 N WICKHAM RD SUITE S
City-State-Zip: MELBOURNE FL 32935Title DT
Name YANDEL, STEPHEN
Address 1344 S APOLLO BLVD SUITE 303
City-State-Zip: MELBOURNE FL 32901Title DT
Name WEINER, ADAM
Address 333 E SHERIDAN RD
City-State-Zip: MELBOURNE FL 32901

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: JOHN H POTOMSKI**DPT****07/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date