


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90025 024 \*\*\*\*61.25

<b>DOCUMENT # 704957</b> 1. Entity Name <b>FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION</b>					
Principal Place of Business <b>THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE, FL 32301</b>			Mailing Address <b>THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-0730737</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WINN, STEPHEN R THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE <u>Stephen R. Winn, Secretary/Treasurer</u>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <u>4-5-07</u>  <small>DATE</small> </div> </div>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>WINN, STEPHEN R 2007 APALACHEE PKWY TALLAHASSEE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GIAIMO, JOSEPH A DO 1011 SINGER DRIVE SINGER ISLAND, FL 33404</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BLACKBURN, ROBERT G DO 10494 N CLIFFE BLVD SPRING HILL, FL 34608</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>OTTAVIANI, ANTHONY N DO 13644 WALSINGHAM RD LARGO, FL 33774</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P Ottaviani, Anthony DO 13644 Walsingham Rd Largo, FL 33774</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>THACKER, RICHARD R DO 9381 WINTER CREEK COURT TALLAHASSEE, FL 32309</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Thacker, Richard R DO 9381 Winter Creek Court Tallahassee, FL 32309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HAYDEN, ANNA Z DO 1111 W BROWARD BLVD FT LAUDERDALE, FL 33312</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><u>4-5-07</u> <small>Date</small></span> <span><u>850-878-7364</u> <small>Daytime Phone #</small></span> </div>		

