

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704957

FILED
Mar 20, 2009
Secretary of State

Entity Name: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Current Principal Place of Business:

THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-0730737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINN, STEPHEN R
THE HULL BUILDING
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: WINN, STEPHEN R
Address: 2007 APALACHEE PKWY
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: RENUART, RONALD J DO
Address: 520 A1A NORTH, STE 101
City-St-Zip: PONTA VEDRA BEACH, FL 32082

Title: D () Delete
Name: BLACKBURN, ROBERT G DO
Address: 10494 N CLIFFE BLVD
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: OTTAVIANI, ANTHONY N DO
Address: 13644 WALSINGHAM RD
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: DELO, LINDA DO
Address: 538 SE OIRT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34984

Title: P () Delete
Name: HAYDEN, ANNA Z DO
Address: 1111 W BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PINELESS, HAL
Address: 1890 STATE RD 436, STE 255
City-St-Zip: WINTER PARK, FL 32792

Title: P (X) Change () Addition
Name: BLACKBURN, ROBERT G DO
Address: 10494 N CLIFFE BLVD
City-St-Zip: SPRING HILL, FL 34608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAYDEN, ANNA Z DO
Address: 1111 W BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN R. WINN

ST

03/20/2009

Electronic Signature of Signing Officer or Director

Date