2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704957

FILED Jan 28, 2010 Secretary of State

Entity Name: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Current Principal Place of Business: New Principal Place of Business:

THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

THE HULL BUILDING 2007 APALACHEE PARKWAY TALLAHASSEE, FL 32301

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

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

WINN, STEPHEN R THE HULL BUILDING 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

OFFICERS AND DIRECTORS:

Title: ST

Name: WINN, STEPHEN R Address: 2007 APALACHEE PKWY City-St-Zip: TALLAHASSEE, FL

Title: D

Name: PINELESS, HAL

Address: 1890 STATE RD 436, STE 255 City-St-Zip: WINTER PARK, FL 32792

Title:

Name: GROVE, JEFFREY DO Address: 12020 SEMINOLE BLVD City-St-Zip: LARGO, FL 33778

Title:

Name: GLINSKI, ROBERT DO Address: 805 OAK POND DRIVE City-St-Zip: OSPREY, FL 34229

Title: F

Name: DELO, LINDA DO

Address: 514 SE PORT ST LUCIE BLVD City-St-Zip: PORT ST LUCIE, FL 34984

Title: D

Name: GOODMAN, JAIME DO

Address: 81990 OVERSEAS HIGHWAY, SUITE 101

City-St-Zip: ISLAMORADA, FL 33036

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: LINDA DELO P 01/28/2010