
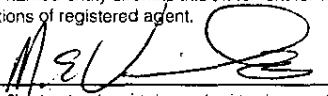



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 042 ****61.25

DOCUMENT # F02000003853					
1. Entity Name KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE, INC.					
Principal Place of Business 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501			Mailing Address 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
VARIDIN, MARK 5778 - 5TH AVENUE NORTH ST. PETERSBURG, FL 33710		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
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.					
SIGNATURE 		Assistant Deput Florida Region		4-28-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGOVERN, JAMES J PH.D. 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501	<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	V OSBORN, GERALD G D.O. 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President and General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Henry Setser 800 West Jefferson Street Kirksville, Mo 63501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GABER, RON ED.S. 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501	<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	V HEARD, JOHN PH.D. 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501	<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	T HARRISON, MONICA 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501	<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	APSB LANTZ, TRACEY L 800 WEST JEFFERSON STREET KIRKSVILLE, MO 63501	<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 exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 			4/16/04 (660) 626-2325		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

03022004 Chg-NP CR2E037 (10/03)

4. FEI Number 43-0356250 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

94076809

