

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003853

FILED
Apr 19, 2005
Secretary of State

Entity Name: KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE, INC.

Current Principal Place of Business:

800 WEST JEFFERSON STREET
KIRKSVILLE, MO 63501

New Principal Place of Business:

Current Mailing Address:

800 WEST JEFFERSON STREET
KIRKSVILLE, MO 63501

New Mailing Address:

FEI Number: 43-0356250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARIDIN, MARK
5778 - 5TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

C.T. CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: M.S. GREEN, ASSISTANT SECRETARY
Electronic Signature of Registered Agent

04/19/2005
Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCGOVERN, JAMES J PH.D.
Address: 800 WEST JEFFERSON STREET
City-St-Zip: KIRKSVILLE, MO 63501

Title: VPGC () Delete
Name: SATSER, HENRY
Address: 800 WEST JEFFERSON STREET
City-St-Zip: KIRKSVILLE, MO 63501

Title: V () Delete
Name: GABER, RON ED.S.
Address: 800 WEST JEFFERSON STREET
City-St-Zip: KIRKSVILLE, MO 63501

Title: V () Delete
Name: HEARD, JOHN PH.D.
Address: 800 WEST JEFFERSON STREET
City-St-Zip: KIRKSVILLE, MO 63501

Title: T () Delete
Name: HARRISON, MONICA
Address: 800 WEST JEFFERSON STREET
City-St-Zip: KIRKSVILLE, MO 63501

Title: APSB () Delete
Name: LANTZ, TRACEY L
Address: 800 WEST JEFFERSON STREET
City-St-Zip: KIRKSVILLE, MO 63501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPGC (X) Change () Addition
Name: SETSER, HENRY J.D.LLM
Address: 800 WEST JEFFERSON STREET
City-St-Zip: KIRKSVILLE, MO 63501

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MONICA L. HARRISON
Electronic Signature of Signing Officer or Director

TREA
04/19/2005
Date