2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F03000003318

Entity Name: LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE, INC.

Current Principal Place of Business:

5000 LAKEWOOD RANCH BOULEVARD
BRADENTON, FL 34211

New Principal Place of Business:

Current Mailing Address:

1858 WEST GRANDVIEW BLVD.
ERIE, PA 16509

New Mailing Address:

FEI Number: 25-1698677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, ROBERT A DO, MPH
5000 LAKEWOOD RANCH BOULEVARD
BRADENTON, FL 334211 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:	P	( ) Delete
Name:	FERRETTI, JOHN M DO	
Address:	1858 WEST GRANDVIEW BLVD.	
City-St-Zip:	ERIE, PA 16509	
Title:	V	( ) Delete
Name:	FERRETTI, SILVIA M DO	
Address:	1858 WEST GRANDVIEW BLVD.	
City-St-Zip:	ERIE, PA 16509	
Title:	S	( ) Delete
Name:	ECKERT, MARY L	
Address:	5515 PEACH STREET	
City-St-Zip:	ERIE, PA 16509	
Title:	T	( ) Delete
Name:	OLINGER, RICHARD P	
Address:	8215 PLATZ ROAD	
City-St-Zip:	FAIRVIEW, PA 16415	
Title:	C	( ) Delete
Name:	VISNOSKY, MICHAEL J	
Address:	120 WEST 10TH STREET	
City-St-Zip:	ERIE, PA 16501	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN M. FERRETTI, D.O. PRES 01/14/2009

Electronic Signature of Signing Officer or Director — Date