2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003318

FILED Jan 04, 2010 Secretary of State

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

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

5000 LAKEWOOD RANCH BOULEVARD BRADENTON, FL 34211

Current Mailing Address: New Mailing Address:

1858 WEST GRANDVIEW BLVD. ERIE, PA 16509

FEI Number: 25-1698677 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:

FERNANDEZ, ROBERT A DO, MPH
5000 LAKEWOOD RANCH BOULEVARD
BRADENTON, FL 334211 US

GEORGE, ROBERT J DO,
5000 LAKEWOOD RANCH BOULEVARD
BRADENTON, FL 334211 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: ROBERT J. GEORGE, DO 01/04/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P

Name: FERRETTI, JOHN M DO Address: 1858 WEST GRANDVIEW BLVD.

City-St-Zip: ERIE, PA 16509

Title: V

Name: FERRETTI, SILVIA M DO Address: 1858 WEST GRANDVIEW BLVD.

City-St-Zip: ERIE, PA 16509

Title: S

 Name:
 ECKERT, MARY L

 Address:
 5515 PEACH STREET

 City-St-Zip:
 ERIE, PA 16509

Title: T

Name: OLINGER, RICHARD P Address: 8215 PLATZ ROAD City-St-Zip: FAIRVIEW, PA 16415

Title: C

Name: VISNOSKY, MICHAEL J Address: 120 WEST 10TH STREET

City-St-Zip: ERIE, PA 16501

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: JOHN M. FERRETTI, DO PRES 01/04/2010