

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001337

FILED  
Jan 18, 2007  
Secretary of State

**Entity Name:** PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE CORPORATION

**Current Principal Place of Business:**

4180 CITY AVE  
PHILADELPHIA, PA 191311695

**New Principal Place of Business:**

4180 CITY AVE  
2ND FLOOR  
PHILADELPHIA, PA 191311695

**Current Mailing Address:**

4180 CITY AVE  
PHILADELPHIA, PA 191311695

**New Mailing Address:**

4180 CITY AVE  
2ND FLOOR  
PHILADELPHIA, PA 191311695

**FEI Number:** 22-2691757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEDANO, NICHOLAS C DO  
ADMIRALS COVE  
199 ISLAND DR  
JUPITER, FL 33477 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: C ( ) Delete  
Name: MCGLOIN, PAUL W  
Address: NATIOANL PENN BANK - 7 N READING AVE  
City-St-Zip: BOYERTOWN, PA 19512

Title: P ( ) Delete  
Name: SCHURE, MATTHEW PH D  
Address: 4180 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 191311695

Title: VP ( ) Delete  
Name: ZELLER, FLORENCE D MPA  
Address: 4180 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 191311695

Title: S ( ) Delete  
Name: LAFFERTY, LAVINNIA  
Address: 4180 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 191311695

Title: T ( ) Delete  
Name: DOULIS, PETER CPA  
Address: 4190 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 191311695

Title: T ( ) Delete  
Name: BLACK, JAMES H D.O.  
Address: 7705 N SHIRLAND AVE - APT B-4  
City-St-Zip: NORFOLK, VA 23505

**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:

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 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: FLORENCE ZELLER

VP

01/18/2007

Electronic Signature of Signing Officer or Director

Date