2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# F06000001337

Entity Name: PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE CORPORATION

Current Principal Place of Business:

4180 CITY AVE
2ND FLOOR
PHILADELPHIA, PA 191311695

New Principal Place of Business:

Current Mailing Address:

4180 CITY AVE
2ND FLOOR
PHILADELPHIA, PA 191311695

New Mailing Address:

FEI Number: 22-2691757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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: C (X) Change ( ) Addition
Name: MCGLOIN, PAUL W
Address: NATIONAL PENN BANK - 7 N READING AVE
City-St-Zip: BOYERTOWN, PA 19512

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: FLORENCE D. ZELLER, MPA VP 01/11/2008
Electronic Signature of Signing Officer or Director — Date