

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000001337

FILED  
Nov 16, 2012  
Secretary of State

**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:**

4170 CITY AVE  
2ND FLOOR  
PHILADELPHIA, PA 191311695

**Current Mailing Address:**

4180 CITY AVE  
2ND FLOOR  
PHILADELPHIA, PA 191311695

**New Mailing Address:**

4170 CITY AVE  
2ND FLOOR  
PHILADELPHIA, PA 191311695

**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:**

BLACK, JAMES H DO  
2800 NW 47TH TERRACE  
#210  
LAUDERDALE LAKES, FL 33313 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: JAMES H. BLACK, D.O.

11/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: MCGLOIN, PAUL W  
Address: 4180 CITY AVENUE  
City-St-Zip: PHILADELPHIA, PA 19131

Title: P  
Name: SCHURE, MATTHEW PH D  
Address: 4180 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 19131

Title: VP  
Name: CUZZOLINO, ROBERT G ED.D.  
Address: 4170 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 19131

Title: S  
Name: LAFFERTY, LAVINNIA  
Address: 4180 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 19131

Title: VP  
Name: DOULIS, PETER CPA  
Address: 4190 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 19131

Title: VP  
Name: VEIT, KENNETH J D.O.  
Address: 4170 CITY AVE  
City-St-Zip: PHILADELPHIA, PA 19131

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: ROBERT G. CUZZOLINO, ED.D.

VP

11/16/2012

Electronic Signature of Signing Officer or Director

Date