2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007078

FILED Mar 21, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA OSTEOPATHIC FOUNDATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 7326 LAKE UNDERHILL RD ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** 7326 LAKE UNDERHILL RD ORLANDO, FL 32822 FEI Number: 59-3677500 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: SUSI, RICHARD J DO 7326 LAKE UNDERHILL RD ORLANDO, FL 32822 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SUSI, RICHARD J Name: Name: Address: 7326 LAKE UNDERHILL RD. Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: (X) Delete Title: () Change () Addition BORNSTEIN, GERALD Name: Name: Address: 3009 ALOMA AVE Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOORE, KEITH Name: MOORE, KEITH S Name: 7824 LAKE UNDERHILL STE A 7824 LAKE UNDERHILL STE A Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: (X) Change () Addition Name: RALEY, JANE-MARIE Name: RALEY, JANE-MARIE S 10055 UNIVERSITY BLVD 10055 UNIVERSITY BLVD Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817

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: RICHARD SUSI D 03/21/2009