2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State
01-12-2005 90001 023 ****70.00

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1. Entity Name
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT 7, INC.

Principal Place of Business	Mailing Address
805 OAK POND DR. OSPREY, FL 34229	805 OAK POND DR. OSPREY, FL 34229

300001330

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7978 Cooper Creek Blvd	7978 Cooper Creek Blvd
Suite, Apt. #, etc.: #210	Suite, Apt. #, etc.: #210
City & State: University Park, FL	City & State: University Park, FL
Zip: 34201 Country: USA	Zip: 34201 Country: USA

4. FEI Number: 20-0798206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH ST. WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GLINSKI, ROBERT G 805 OAK POND DR. OSPREY, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Bentze, Michael 7978 Cooper Creek Blvd #210 University Park, FL 34201	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MASCOLA, TRENT 1211 JACARANDA BLVD. VENICE, FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Superda, Virginia 233 Rue Des Lacs Tarpon Springs, FL 34688	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD QUINN, THOMAS A P.O. BOX 4106 ANNA MARIA, FL 34216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TIS/D Bentze, Nicole 7978 Cooper Creek Blvd #210 University Park, FL 34201	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nicole G Bentze Nicole Bentze 01/10/2005 (941) 359-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #