

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90356 001 ****61.25

DOCUMENT # N04000003869					
1. Entity Name FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT 7, INC.					
Principal Place of Business 7978 COOPER CREEK BLVD # 210 UNIVERSITY PARK, FL 34201			Mailing Address 7978 COOPER CREEK BLVD # 210 UNIVERSITY PARK, FL 34201		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0798206	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>WILLIAM F. MURPHY D.O.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3000 LAKEWOOD RANCH BLVD</u> <u>LECOM</u> City <u>BRADENTON</u> <u>FL</u> Zip Code <u>34211</u>		
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 <u>William F. MURPHY D.O.</u> <u>4/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD NAME BENTZE, MICHAEL STREET ADDRESS 7978 COOPER CREEK BLVD # 210 CITY-ST-ZIP BRADENTON, FL 34201	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SUPERDA, VIRGINIA STREET ADDRESS 233 RUE DES LACS CITY-ST-ZIP TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TSD NAME BENTZE, NICOLE STREET ADDRESS 7978 COOPER CREEK BLVD # 210 CITY-ST-ZIP UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>William F. MURPHY D.O.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/23/06</u> <u>941-925-9387</u> <small>Date Daytime Phone #</small>		