


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 040 ****70.00

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|---|---|--|--|---|-----------------------------------|
| 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 - No P.O. Box # 805 OAK POND DRIVE | | 3. Mailing Address 805 OAK POND DRIVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State OSPREY, FLORIDA | | City & State OSPREY FLORIDA | | 4. FEI Number 20-0798206 | |
| Zip 34229 | | Country U.S.A. | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MURPHY, WILLIAM F DO 5000 LAKEWOOD RANCH BLVD LE COM BRADENTON, FL 34211 | | | | 7. Name and Address of New Registered Agent Name: ROBERT G GLINSKI, D.O. Street Address (P.O. Box Number is Not Acceptable) 805 OAK POND DRIVE City: OSPREY FL Zip Code: 34229 | |
| 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>Robert G. Glinski D.O. PRESIDENT</u> DATE: <u>7-18-07</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 September 14, 2007 | | 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 | <input checked="" type="checkbox"/> Delete | TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME GLINSKI, ROBERT |
| STREET ADDRESS 7978 COOPER CREEK BLVD # 210 | CITY-ST-ZIP BRADENTON, FL 34201 | | STREET ADDRESS 805 OAK POND DRIVE | CITY-ST-ZIP OSPREY, FLORIDA 34229 | |
| TITLE VD | NAME SUPERDA, VIRGINIA | <input checked="" type="checkbox"/> Delete | TITLE VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME FOTOPoulos, THOMAS |
| STREET ADDRESS 233 RUE DES LACS | CITY-ST-ZIP TARPON SPRINGS, FL 34688 | | STREET ADDRESS 5000 LAKEWOOD RANCH BLVD | CITY-ST-ZIP BRADENTON, FLORIDA 34211 | |
| TITLE TSD | NAME BENTZE, NICOLE | <input checked="" type="checkbox"/> Delete | TITLE SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME BUNNELL, LARRY |
| STREET ADDRESS 7978 COOPER CREEK BLVD # 210 | CITY-ST-ZIP UNIVERSITY PARK, FL 34201 | | STREET ADDRESS 5000 LAKEWOOD RANCH BLVD | CITY-ST-ZIP BRADENTON, FLORIDA 34211 | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| 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>Robert G. Glinski, D.O. PRESIDENT</u> DATE: <u>7-18-07</u> (941) 756-0690 EXT 5979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |