

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003869

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

805 OAK POND DRIVE
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

805 OAK POND DRIVE
OSPREY, FL 34229

New Mailing Address:

FEI Number: 20-0798206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLINSKI, ROBERT G D.O.
805 OAK POND DRIVE
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GLINSKI, ROBERT
Address: 805 OAK POND DRIVE
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: FOTOPOULOS, THOMAS
Address: 5000 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34211

Title: S () Delete
Name: BUNNELL, LARRY
Address: 5000 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GLINSKI, ROBERT
Address: 805 OAK POND DRIVE
City-St-Zip: OSPREY, FL 34229

Title: P (X) Change () Addition
Name: ANDRONICO, KENNETH
Address: 5000 LAKEWOOD RANCH BLVD
City-St-Zip: BRADENTON, FL 34211

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

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: ROBERT GLINSKI

VP

01/19/2009

Electronic Signature of Signing Officer or Director

Date