

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003939

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** MONROE OSTEOPATHIC MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

81990 OVERSEAS HIGHWAY, SUITE 101  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

81990 OVERSEAS HIGHWAY, SUITE 101  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 30-0318098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODMAN, JAMIE A  
81990 OVERSEAS HIGHWAY, SUITE 101  
ISLAMORADA, FL 33036 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: DP ( ) Delete  
Name: GOODMAN, JAMIE A  
Address: 81990 OVERSEAS HIGHWAY, SUITE 101  
City-St-Zip: ISLAMORADA, FL 33036

Title: DVP ( ) Delete  
Name: MANUEL, EUGENE L  
Address: P.O. BOX 2928  
City-St-Zip: KEY LARGO, FL 33037

Title: DST ( ) Delete  
Name: NETZMAN, ALAN A  
Address: 91550 OVERSEAS HIGHWAY  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JAMIE A GOODMAN

DP

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date