

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008902

FILED
Mar 07, 2011
Secretary of State

Entity Name: ADVOCATES TO THE FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6135812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLANTZ, JENA
2007 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 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
Name: NOVOTNY, GARY
Address: 7309 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: ST
Name: SILVAGNI, DIANNA
Address: 936 INRACOASTAL DRIVE 14-A
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: GLINSKI, CHIRLE
Address: 805 OAK POND DRIVE
City-St-Zip: OSPREY, FL 34229

Title: D
Name: BURNS, JANET
Address: 2865 OLD CASTLE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: SILVERMAN, DOTTIE
Address: 1248 WELLINGTON TERRACE
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: GARY NOVOTNY

P

03/07/2011

Electronic Signature of Signing Officer or Director

Date