2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# N09000008902

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 INTRACOASTAL DRIVE 14-A
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: THACKER, SHERRY
Address: 9381 WINTER CREEK COURT
City-St-Zip: TALLAHASSEE, FL 32309

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 02/27/2012

Electronic Signature of Signing Officer or Director Date