2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2012
Secretary of State

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Entity Name: DISTRICT 2 FLORIDA OSTEOPATHIC MEDICAL ASSN., INC.

Current Principal Place of Business:

7855 ARGYLE FOREST BLVD STE 601
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

7855 ARGYLE FOREST BLVD STE 601
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 36-4681649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FETCHERO, JAMES W
7855 ARGYLE FOREST BLVD STE 601
JACKSONVILLE, FL 32244 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: D
Name: PORCASE, FREDERIC F
Address: 7855 ARGYLE FOREST BLVD STE 601
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: FETCHERO, JAMES W
Address: 7855 ARGYLE FOREST BLVD STE 601
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: PORCASE, PATRICIA E
Address: 7855 ARGYLE FOREST BLVD STE 601
City-St-Zip: JACKSONVILLE, FL 32244

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: JAMES W. FETCHERO AGEN 01/16/2012

Electronic Signature of Signing Officer or Director — Date