

N18000005109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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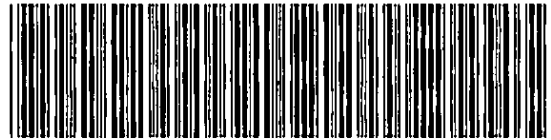
(Business Entity Name)

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RECEIVED
MAY 10 2018
MAY 10 2018

18 MAY -4 PM 1:48

FILED

M. MOON

MAY 10 2018

COVER LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
18 MAY -4 PM 1:46
TALLAHASSEE, FL
SECRETARY OF STATE

SUBJECT: Domestication of Non-Profit Corporatoion

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

\$137.50

Brian O. Foy

Name (printed or typed)

541 Sweet Mango Trail

Address

St. Augustine, FL 32086

City, State & Zip

304-871-0888

Daytime Telephone Number

bfoy11@yahoo.com

E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, Brian O. Foy, Executive Director
(Name) (Title)
of Organization of State Medical Association Presidents, Inc. (OSMAP) a foreign Corporation
(Corporation Name)
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was July 1, 2010.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was White Plains, NY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Organization of State Medical Association Presidents, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Organization of State Medical Association Presidents, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 333 Westchester Ave., White Plains, NY 10604.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Brian O. Foy, of St. Augustine, FL

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 2nd day of May 2018


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Organization of State Medical Association Presidents, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address shall be:

Principal Address

541 Sweet Mango Trail
St. Augustine, FL 32086

Mailing Address

541 Sweet Mango Trail
St. Augustine, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

The purpose of this non-profit organization shall be to further the aims and ideals
of organized medicine by: conducting educational programs for members; dealing with
issues of importance to the medical profession and offering an opportunity for
interface between members, thereby enhancing their ability to provide leadership
to their state association; to provide an opportunity for physician leaders in the constituent
associations to improve communication between each other; and to augment
communication between constituent associations and the American Medical Association (AMA).

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18 MAY -4 PM 1:48
TALLAHASSEE, FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Board Members (the OSMAP Steering Committee) are elected by the General membership at its annual meeting in June, in conjunction with the AMA Annual Meeting. There are 13 members of the Steering Committee per the OSMAP Bylaws.

FILED
10 MAY - 4 PM 1:45
CALIFORNIA

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

Albert M. Kwan, MD
President

Title/Name

Robert T. Gunby, MD
Vice President

Title/Name

Richard A. Geline, MD
Secretary

Title/Name

Brian O. Foy
Executive Director/Treasurer

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Brian O. Foy

541 Sweet Mango Trail

St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Brian O. Foy

541 Sweet Mango Trail

St. Augustine, FL 32086

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

5/2/18
Date

Signature/Incorporator

5/2/18
Date