SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37220 (3)

1. Corporation Name
MONROE COUNTY OSTEOPATHIC MEDICAL ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
P.O. BOX 2928 KEY LARGO FL 33037	P.O. BOX 2928 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0189031 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / 24 — County / 25	Zip / 29 — Country / 30

9. Name and Address of Current Registered Agent

STEGALL, AVA
1004 OVERSEAS HWY.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Bard, Dean (Pres. dam) ☒ Change ☐ Addition
NAME	MANUEL, EUGENE	12 NAME	
STREET ADDRESS	1004 OVERSEAS HWY	13 STREET ADDRESS	108 San Marco Drive
CITY-ST-ZIP	KEY LARGO FL	14 CITY-ST-ZIP	Islamorada, FL 33036
TITLE	T	21 TITLE	Casula, Bob (Treasurer) ☒ Change ☐ Addition
NAME	STEGALL, AVA	22 NAME	
STREET ADDRESS	1004 OVERSEAS HWY	23 STREET ADDRESS	Box 370 Route 1
CITY-ST-ZIP	KEY LARGO FL	24 CITY-ST-ZIP	Marathon, FL. 33050
TITLE	V	31 TITLE	Stegall, Ava (officer director) ☒ Change ☐ Addition
NAME	BARD, DEAN	32 NAME	
STREET ADDRESS	108 SAN MARCO DR.	33 STREET ADDRESS	1004 O/S Hwy
CITY-ST-ZIP	ISLAMORADO FL	34 CITY-ST-ZIP	Key Largo, FL. 33070
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	JP 7/28
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: AVA - STEGALL V.P. 6/28/95 (305) 451-2585
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0000437

CR2E037 (3/95)