

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
--	---	---

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 33037-7928



3. Date Incorporated or Qualified 03/19/1990	3a. Date of Last Report 02/20/1996
--	--

2. Principal Place of Business 21 P.O. Box 1107 Suite, Apt. #, etc. 22 TAVERNIER, FL City & State 23 Zip 33070 Country USA	2a. Mailing Address 26 P.O. Box 1107 Suite, Apt. #, etc. 27 TAVERNIER, FL City & State 28 Zip 33070 Country USA	4. FEI Number 65-0189031 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 DEAN A. BARD D.O. 82 Street Address (P.O. Box Number is Not Acceptable) 108 SAN MARCO DR 83 84 City ISLAMORADA FL 85 Zip Code 33036
--	---

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 **DEAN A. BARD D.O. Secretary** **Dean A. Bard D.O.** **4/30/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARD, DEAN 108 SAN MARCO DRIVE ISLAMORADA FL 33036 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD BARD, DEAN 108 SAN MARCO DR ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASOLA, BOB BOX 370, ROUTE 1 MARATHON FL 33050 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD DARREL PRUITT 81681 OVERSEAS HWY ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEGALL, AVA 1004 O/S HWY KEY LARGO FL 33070 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOHN HUGHES PARSIDERO 13365 OVERSEAS HWY MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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: **DEAN A. BARD D.O. Secretary** **Dean A. Bard D.O.** **4/30/97** **305-747-9891**

CR2E037 (9/96)