

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90008 027 ****70.00

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| DOCUMENT # N46657 | |  | |
| 1. Entity Name DISTRICT XI FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION, INCORPORATED. | | | |
| Principal Place of Business 1613 ORCHID BLVD., 202 CAPE CORAL, FL 33904 US | | Mailing Address POST OFFICE BOX 101409 CAPE CORAL, FL 33910-1409 | |
| 2. Principal Place of Business 402 SE 15th STREET Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State CAPE CORAL, FL | | City & State | |
| 33990 Zip USA Country | | 4. FEI Number 65-0370778 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PRATER, JOHN F DO 1325 SE 47TH STREET CAPE CORAL, FL 33904 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE: P NAME: USBERGHI, EUGENE DO STREET ADDRESS: 14801 PALM PALM SQ BLVD, STE 401 CITY-ST-ZIP: FT. MYERS, FL 33905 <input checked="" type="checkbox"/> Delete | TITLE: P NAME: LAUTENBACH, PETER DO STREET ADDRESS: PO BOX 51589 CITY-ST-ZIP: FORT MYERS, FL 339941589 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE: VP NAME: LAUTENBACH, PETER DO STREET ADDRESS: POST OFFICE BOX 51589 CITY-ST-ZIP: FT. MYERS, FL 339941589 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE: VP NAME: PETTERUTI, JOSEPH DO STREET ADDRESS: 11960 KING JAMES COURT CITY-ST-ZIP: CAPE CORAL, FL 33991 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: S NAME: CENTAFONT, NICK DO STREET ADDRESS: POST OFFICE BOX 1357 CITY-ST-ZIP: FT MYERS, FL 33902 <input type="checkbox"/> Delete | TITLE: S NAME: CENTAFONT, NICHOLAS DO STREET ADDRESS: 13290 IDELWILD ROAD CITY-ST-ZIP: FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE: T NAME: PRATER, JOHN DO STREET ADDRESS: 1325 SE 47TH STREET, UNIT F CITY-ST-ZIP: CAPE CORAL, FL 33904 <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | |
| SIGNATURE: <u>John F. Prater</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>3/13/06</u> Daytime Phone #: <u>(239) 694-2946</u> | |