




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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.		 03062006 Chg-NP CR2E037 (11/05)	
City & State CAPE CORAL, FL		City & State			
Zip 33990		Country USA			
Zip 33990		Country USA			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	P USBERGHI, EUGENE DO 14801 PALM PALM SQ BLVD, STE 401 FT. MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUTENBACH, PETER DO PO BOX 51589 FORT MYERS, FL 339941589
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAUTENBACH, PETER DO POST OFFICE BOX 51589 FT. MYERS, FL 339941589	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETTERUTI, JOSEPH DO 11960 KING JAMES COURT CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CENTAFONT, NICK DO POST OFFICE BOX 1357 FT MYERS, FL 33902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CENTAFONT, NICHOLAS DO 13290 IDELWILD ROAD FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRATER, JOHN DO 1325 SE 47TH STREET, UNIT F 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>3/13/06</u> Daytime Phone # <u>(239) 694-2946</u>					