

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46657

FILED  
Jul 11, 2007  
Secretary of State

**Entity Name:** DISTRICT XI FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION, INCORPORATED.

**Current Principal Place of Business:**

402 SE 15TH ST  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 101409  
CAPE CORAL, FL 339101409

**New Mailing Address:**

**FEI Number:** 65-0370778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRATER, JOHN F DO  
1325 SE 47TH STREET  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAUTENBACH, PETER DP  
Address: PO BOX 51589  
City-St-Zip: FORT MYERS, FL 339941589

Title: VP ( ) Delete  
Name: PETTERUTI, JOSPEH DO  
Address: 11960 KING JAMES CT  
City-St-Zip: CAPE CORAL, FL 33991

Title: S ( ) Delete  
Name: CENTAFONT, NICHOLAS DO  
Address: 13290 IDLEWILD RD  
City-St-Zip: FORT MYERS, FL 33905

Title: T ( ) Delete  
Name: PRATER, JOHN DO  
Address: 1325 SE 47TH STREET, UNIT F  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA UTTERBACK

EXTR

07/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date