

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46657

FILED
Jan 17, 2008
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 ()

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: NICHOLAS CENTAFONT, DO

S

01/17/2008

Electronic Signature of Signing Officer or Director

Date