

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46657

FILED
Feb 14, 2011
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:

CENTAFONT, NICHOLAS F DO
13290 IDLEWILD RD
FORT MYERS, FL 33905 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
Name: GOLDSMITH, ERIC DO
Address: 1682 NE PINE ISLAND RD
City-St-Zip: CAPE CORAL, FL 33909

Title: VP
Name: BURDZY, JON DO
Address: 7780 CAMBRIDGE MANOR PLACE, STE C
City-St-Zip: FT MYERS, FL 33907

Title: S
Name: BAYS, MICHAEL DO
Address: 4790 BARKLEY CIRCLE, BLDG A
City-St-Zip: FORT MYERS, FL 33907

Title: T
Name: ELMQUIST, E. TREVOR DO, MBA
Address: 12670 NEW BRITTANY BLVD #102
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: ERIC GOLDSMITH

PRES

02/14/2011

Electronic Signature of Signing Officer or Director

Date