

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47200

FILED  
Feb 19, 2008  
Secretary of State

**Entity Name:** BROWARD COUNTY OSTEOPATHIC MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1451 N. 12 CT. (OFFICE)  
9-A  
HOLLYWOOD, FL 33022 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2294  
HOLLYWOOD, FL 33022 US

**New Mailing Address:**

**FEI Number:** 65-0336646

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, H. EDWARD  
3230 W COMMERCIAL BLVD  
STE 150  
FT. LAUDERDALE, FL 33309 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: LUNA, JORGE DO  
Address: 4801 S UNIVERSITY DR 113  
City-St-Zip: FORT LAUDERDALE, FL 33324 US

Title: VP ( ) Delete  
Name: DEGAETANO, JOSEPH DO  
Address: 3200 S UNIVERSITY DR  
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: S/T ( ) Delete  
Name: JOHNSON, KENNETH DO  
Address: 3200 S. UNIVERSITY DR  
City-St-Zip: FORT LAUDERDALE, FL 33328 US

**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:

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: JORGE LUNA, D.O.

P

02/19/2008

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

\_\_\_\_\_  
Date