

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47200

FILED
Feb 28, 2012
Secretary of State

Entity Name: BROWARD COUNTY OSTEOPATHIC MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

1455 N. 12 CT.
LB
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

1455 N. 12 CT.
1B
HOLLYWOOD, FL 33019 US

Current Mailing Address:

1455 N. 12 CT.
LB
HOLLYWOOD, FL 33019 US

New Mailing Address:

1455 N. 12 CT.
1B
HOLLYWOOD, FL 33019 US

FEI Number: 65-0336646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGAETANO, JOSEPH S
1455 N. 12 CT.
LB
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

DEGAETANO, JOSEPH S
1455 N. 12 CT.
1B
HOLLYWOOD, FL 33019 US

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:

02/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KAPROW, MARC
Address: 5079 SW 89 AVE.
City-St-Zip: COOPER CITY, FL 33328 US

Title: VP
Name: HERNANDEZ, MAYRENE G
Address: 222 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: ST
Name: MARTINEZ, OLGA
Address: 13834 N. CYPRESS COVE CIR
City-St-Zip: DAVIE, FL 33325 US

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: MARC KAPROW, D.O.

P

02/28/2012

Electronic Signature of Signing Officer or Director

Date