2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005330

FILED Jan 22, 2009 Secretary of State

Entity Name: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION - DISTRICT 9, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2051 45TH SUITE 101 WEST PA		L 33407			
Current Mailing Address:			New Mailing Address:		
SUITE 110	IMBIA DRIVE) LM BEACH, F	L 33409			
FEI Number	: 65-0471575	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
2500 HOL SUITE 212	MORTON J D LYWOOD BL\ 2 DOD, FL 3302	/D.			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WISNIOSKI, S 649 US HWY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WEINSTOCK, 3355 BURN RI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STAGER, WIL 2617 N FLAGL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: STANLEY WISNIOSKI T 01/22/2009