

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005330

FILED  
Feb 28, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2051 45TH ST.  
SUITE 101  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

420 COLUMBIA DRIVE  
SUITE 110  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 65-0471575      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MORRIS, MORTON J D.O.  
2500 HOLLYWOOD BLVD.  
SUITE 212  
HOLLYWOOD, FL 33020 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: T  
Name: WISNIOSKI, STANLEY W III  
Address: 649 US HWY 1 #12A  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S  
Name: WEINSTOCK, RICHARD  
Address: 3355 BURN RD 104  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD  
Name: STAGER, WILLIAM  
Address: 2617 N FLAGLER DR #111  
City-St-Zip: WEST PALM BEACH, FL 33407

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: STANLEY W. WISNIOSKI, III, D.O.

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02/28/2011

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

\_\_\_\_\_  
Date