

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005330

FILED
Mar 05, 2012
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:

WINN, JASON D ESQ.
119 EAST PARK AVENUE - SUITE 2-C
TALLAHASSEE, FL 32301 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: 10800 NORTH MILITARY TRAIL
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

T

03/05/2012

Electronic Signature of Signing Officer or Director

Date