

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 17, 2012
Secretary of State

DOCUMENT# N94000000328

Entity Name: FLORIDA STATE ORIENTAL MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**223 SNOW GOOSE LANE
JACKSONVILLE, FL 32225 US**New Principal Place of Business:**5137 NW 65TH LANE
GAINESVILLE, FL 32653 US**Current Mailing Address:**PO BOX 331097
ATLANTIC BEACH, FL 32233 US**New Mailing Address:**5200 NW 43RD ST
102-321
GAINESVILLE, FL 32606 US**FEI Number:** 65-0456501**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, LORRY S M.ED
223 SNOW GOOSE LANE
JACKSONVILLE, FL 32225 US**Name and Address of New Registered Agent:**DAVIS, LORRY S M.ED
5137 NW 65TH LANE
GAINESVILLE, FL 32653 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: LORRY S DAVIS

12/17/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: TEETER, M ELLEN
Address: 5200 NW 43RD ST, SUITE 102-321
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP
Name: KAHN, SANDRA
Address: 5200 NW 43RD ST, SUITE 102-321
City-St-Zip: GAINESVILLE, FL 32606

Title: S
Name: KINI-BOWEN, DONNA
Address: 5200 NW 43RD ST, SUITE 102-321
City-St-Zip: GAINESVILLE, FL 32606

Title: T
Name: DUNETZ, RODNEY
Address: 5200 NW 43RD ST, SUITE 102-321
City-St-Zip: ATLANTIC BEACH, FL 32653

Title: ED
Name: DAVIS, LORRY S
Address: 5200 NW 43RD ST, SUITE 102-321
City-St-Zip: GAINESVILLE, FL 32653

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: LORRY S DAVIS

ED

12/17/2012

Electronic Signature of Signing Officer or Director

Date