

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90086 016 \*\*\*158.75

**DOCUMENT #** P97000088811

1. Entity Name

**NATIONAL OSTEOPATHIC PHYSICIANS  
PURCHASING GROUP**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7250 Beneva RD**

3. Mailing Address  
**7250 Beneva RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

4. FEI Number  
**65-0789177**

Applied For  
Not Applicable

Zip  
**34238**

Country

Zip  
**34238**

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Andrew E. Lockwood**

Street Address (P.O. Box Number is Not Acceptable)  
**7250 Beneva RD**

City  
**Sarasota** **FL** Zip Code  
**34238**

8. 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: *Andrew E. Lockwood*  
Signature, typed or printed name of registered agent and title if applicable.

**Andrew E. Lockwood, VP**

**4/11/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cubbin, Robert S 26600 Telegraph RD Southfield, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Henry, Joseph C 26600 Telegraph RD Southfield, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lockwood, Andrew E 7250 Beneva RD Sarasota, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wilde, Gregory L 26600 Telegraph RD Southfield, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swearingen, James R 26600 Telegraph RD Southfield, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPGS Costello, Michael G 26600 Telegraph RD Southfield, MI 48034

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andrew E. Lockwood* **Andrew E. Lockwood** **4/11/02** **(941) 924-4444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

2002 UNIFORM BUSINESS REPORT (UBR)  
CONTINUATION PAGE

DOC#

P97000088811

DOCUMENT # P97000088811

1. ENTITY NAME NATIONAL OSTEOPATHIC PHYSICIANS PURCHASING GROUP

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	AVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'SHEA, MICHAEL E		
STREET ADDRESS	26600 TELEGRAPH RD		
CITY-ST-ZIP	SOUTHFIELD MI 48034		
TITLE	AVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	YOUNG, DOUGLAS		
STREET ADDRESS	26600 TELEGRAPH RD		
CITY-ST-ZIP	SOUTHFIELD MI 48034		
TITLE	AVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DUCO, JOSEPHINE D		
STREET ADDRESS	26600 TELEGRAPH RD		
CITY-ST-ZIP	SOUTHFIELD MI 48034		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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