

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90263 038 ***158.75

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1. Entity Name

**NATIONAL OSTEOPATHIC PHYSICIANS PURCHASING
GROUP, INC.**



Principal Place of Business

7250 BENEVA RD
SARASOTA FL 34238

Mailing Address

7250 BENEVA RD
SARASOTA FL 34238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0789177

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ABBOTT, HENRY J JR
7250 BENEVA RD
SARASOTA FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	CUBBIN, ROBERT S	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPAUN, KAREN M	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ABBOTT, HENRY J	
STREET ADDRESS	7250 BENEVA RD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILDE, GREGORY L	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ALLEN, KENN R	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	COSTELLO, MICHAEL G	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	

TITLE	AVPAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUCCO, JOSEPHINE D	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	AVPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, DOUGLAS	
STREET ADDRESS	26600 TELEGRAPH RD	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	AVPAS	<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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDE, GREGORY L	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVGCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, MICHAEL G	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY J. ABBOTT, JR.

4/20/04

(941) 924-4444

Date

Daytime Phone #