

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 042 ***158.75

14008759



01212005 Chg-P CR2E034 (10/03)

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

ABBOTT, HENRY J JR
7250 BENEVA RD
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name
ROGER S. WALLECK
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Roger S. Walleck
Signature of registered agent 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AVPAS O'SHEA, MICHAEL E 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVGC COSTELLO, MICHAEL G 26255 AMERICAN DRIVE

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 all other like empowered.

SIGNATURE:

Michael E. Costello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-05 248-204-8281

ATTACHMENT
14008759

2005 FOR PROFIT CORPORATION ANNUAL REPORT
CONTINUATION PAGE

DOCUMENT #	P97000088811
1. ENTITY NAME	NATIONAL OSTEOPATHIC PHYSICIANS PURCHASING GROUP, INC.

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	AVPAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUCO, JOSEPHINE D	
STREET ADDRESS	26255 AMERICAN DRIVE	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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