

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90426 024 \*\*\*158.75

**40089903**



<b>DOCUMENT # P97000088811</b> 1. Entity Name <b>NATIONAL OSTEOPATHIC PHYSICIANS PURCHASING GROUP, INC.</b>			
Principal Place of Business <b>7250 BENEVA RD SARASOTA, FL 34238</b>		Mailing Address <b>7250 BENEVA RD SARASOTA, FL 34238</b>	
2. Principal Place of Business - No P.O. Box # <b>6000 CATTLEDGE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 50608</b> Suite, Apt. #, etc.	
<b>STE 302</b> City & State <b>SARASOTA, FL</b> Zip Country <b>34232-6064 USA</b>		City & State <b>SARASOTA, FL</b> Zip Country <b>34232-0305 USA</b>	
4. FEI Number <b>65-0789177</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALLECK, ROGER S 7250 BENEVA RD SARASOTA, FL 34238</b>		7. Name and Address of New Registered Agent Name <b>HEIDI J LANGELO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6000 CATTLEDGE DR, STE 302</b> City <b>SARASOTA</b> FL Zip Code <b>34232</b>	
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 <b>SR VP - SOUTHEAST REGION</b> DATE <b>4/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO CUBBIN, ROBERT S 26255 AMERICAN DR SOUTHFIELD, MI 48034	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTINGLY, JOSEPH E 26255 AMERICAN DR SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPAUN, KAREN M 26255 AMERICAN DR SOUTHFIELD, MI 48034	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SPAUN, KAREN M 26255 AMERICAN DR SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPS O'SHEA, MICHAEL E 26255 AMERICAN DR SOUTHFIELD, MI 48034	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILDE, GREGORY L 26255 AMERICAN DR SOUTHFIELD, MI 48034	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DUCCO, JOSEPHINE D 26255 AMERICAN DR SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ALLEN, KENN R 26255 AMERICAN DR SOUTHFIELD, MI 48034	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVGC COSTELLO, MICHAEL G 26600 TELEGRAPH RD SOUTHFIELD, MI 48034	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SOUTHFIELD, MI 48034
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Date <b>4/26/07</b> Daytime Phone # <b>248-204-8025</b>	