

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# 704957

**Apr 03, 2024**

**Entity Name:** FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

**Secretary of State  
8073172803CC**

**Current Principal Place of Business:**

2544 BLAIRSTONE PINES DRIVE, #1  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2544 BLAIRSTONE PINES DRIVE, #1  
TALLAHASSEE, FL 32301 US

**FEI Number: 59-0730737**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WINN, STEPHEN R  
2544 BLAIRSTONE PINES DRIVE, #1  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title ST  
Name WINN, STEPHEN R  
Address 2544 BLAIRSTONE PINES DRIVE  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name MARKOU, MICHAEL DR.  
Address 1266 TURNER STREET  
City-State-Zip: CLEARWATER FL 33756

Title PAST PRESIDENT  
Name SCOTCH, BRETT M DR.  
Address 27406 CASHFORD CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title VP  
Name RANKIN, BRUCE  
Address 862 PEACHWOOD DRIVE  
City-State-Zip: DELAND FL 32720

Title FIRST VICE PRESIDENT  
Name TOWRY, JAMES DR.  
Address 7502 SW 60TH AVENUE  
SUITE A  
City-State-Zip: Ocala FL 34476

Title SECOND VICE PRESIDENT  
Name NELSON, JEFFREY DR  
Address 1530 CELEBRATION BOULEVARD  
SUITE 200  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name SASSANO, JOSEPH A DR.  
Address 7013 S. TAMIAMI TRAIL  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name DELEON, CESAR ROBERTO DR.  
Address 501 GOODLETTE ROAD  
SUITE 100A  
City-State-Zip: NAPLES FL 34102

**Continues on page 2**

*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: MICHAEL MARKOU, DO**

**PRESIDENT**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MENDEZ, MICHELLE R  
Address 1909 BEACH BLVD  
SUITE 102  
City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR  
Name MCCANN, SEAN JAMES  
Address 1324 LAKELAND HILLS BLVD  
City-State-Zip: LAKELAND FL 33805

Title DIRECTOR  
Name AMINI, KAYVAN DR.  
Address 601 N FLAMINGO DRIVE  
#407  
City-State-Zip: PEMBROKE PINES FL 33028