

FILE NOW: FILING FEE IS \$61.25

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**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31622 (6)
1. Corporation Name
AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS EDUCATIONAL FOUNDATION, INC.



Principal Place of Business 3200 S UNIVERSITY DR RM 1518, 5TH FL DAVE FL 33328 US	Mailing Address PO BOX 291690 2509 HOLLYWOOD BLVD, SUITE 212 DAVE FL 33329-1690 US
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3. Date Incorporated or Qualified 04/10/1989	
4. FEI Number 52-1674887	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 291690
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Davie, Fl.
Zip 24	Country 25
29 33329-1690	30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORRIS, MORTON J.
3200 S UNIVERSITY DR
RM 1518, 5TH FL
DAVE FL 33328**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOGIL, CARL	
STREET ADDRESS	2201 CHAPEL AVE W	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRISON, DANIEL	
STREET ADDRESS	6255 N. INKSTER RD.	
CITY-ST-ZIP	GARDEN CITY MI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MORRIS, MORTON J.	
STREET ADDRESS	3200 S UNIVERSITY DR	
CITY-ST-ZIP	DAVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUSH, JOEL	
1.3 STREET ADDRESS	301 N.W. 84th. Avenue, Suite 305	
1.4 CITY-ST-ZIP	Plantation, FL, 33324	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McPhilemy, John	
2.3 STREET ADDRESS	2 Bala Plaza, Suite IL-1	
2.4 CITY-ST-ZIP	Bala Cynwyd, PA 19004	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stover, R. Mark	
4.3 STREET ADDRESS	110 Morey Drive, Suite C	
4.4 CITY-ST-ZIP	Marysville, OH 43040	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Urse, John S.	
5.3 STREET ADDRESS	8934 Kingsridge Drive, Suite 101	
5.4 CITY-ST-ZIP	Cneterville, OH 45458	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4-3-98 (954) 262-1700**

CP2E037 (10/97)