

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90052 001 ****61.25

DOCUMENT # N31622

1. Entity Name

AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS EDUC

Principal Place of Business

Mailing Address

3200 S UNIVERSITY DR
 RM 1518, 5TH FL
 DAVIE FL 33328
 US

P O BOX 291690
 DAVIE FL 33329-1690
 US

632900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1674887

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME RUSH, JOEL
 STREET ADDRESS 301 NW 84TH AVE SUITE 305
 CITY-ST-ZIP PLANTATION FL 33324

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME MCPHILEMY, JOHN
 STREET ADDRESS 2 BALA PLAZA, SUITE 1L - 1
 CITY-ST-ZIP BALA CYNWYD PA 19004

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME MORRIS, MORTON J.
 STREET ADDRESS 3200 S UNIVERSITY DR
 CITY-ST-ZIP DAVIE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME STOVER, R MARK
 STREET ADDRESS 110 MOREY DR SUTIE C
 CITY-ST-ZIP MARYSVILLE OH 43040

TITLE D Change Addition
 NAME Stover, R. Mark
 STREET ADDRESS 114 Morey Drive
 CITY-ST-ZIP Marysville, OH 43040

TITLE D Delete
 NAME URSE, JOHN S
 STREET ADDRESS 8934 KINGSRIDGE DR SUITE 101
 CITY-ST-ZIP CENTERVILLE OH 45458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

I 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 617, 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: Morton Morris,

3-31-00

(954) 262-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #