

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90082 010 ****61.25

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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

719241



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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 | <input type="checkbox"/> Delete |
| NAME | RUSH, JOEL | |
| STREET ADDRESS | 301 NW 84TH AVE SUITE 305 | |
| CITY-ST-ZIP | PLANTATION FL 33324 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCPHILEMY, JOHN | |
| STREET ADDRESS | 2 BALA PLAZA, SUITE IL - 1 | |
| CITY-ST-ZIP | BALA CYNWYD PA 19004 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | MORRIS, MORTON J. | |
| STREET ADDRESS | 3200 S UNIVERSITY DR | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STOVER, R MARK | |
| STREET ADDRESS | 114 MOREY DR | |
| CITY-ST-ZIP | MARYSVILLE OH 43040 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | URSE, JOHN S | |
| STREET ADDRESS | 8934 KINGSRIDGE DR SUITE 101 | |
| CITY-ST-ZIP | CENTERVILLE OH 45458 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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
Morton Morris
Executive Director

2-15-01

(954) 262-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)