

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005200**

1. Entity Name  
**FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND  
TECHNOLOGY, INC.**



**Principal Place of Business**

**325 JOHN KNOX RD  
BLDG 400, SUITE 402  
TALLAHASSEE, FL 32303 US**

**Mailing Address**

**325 JOHN KNOX RD  
BLDG 400, SUITE 402  
TALLAHASSEE, FL 32303 US**

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3352342**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOHNSON, JANE  
325 JOHN KNOX RD  
BLDG 400, SUITE 402  
TALLAHASSEE, FL 32303**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

01/19/07-80044-011 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
OSBORN, SANDRA  
118 NORTHMOOR RD  
CASSELBERRY, FL 32707**

TITLE  
NAME  
**MD**

*Returning check  
must file 2007*

*Annual Report.*

*Return checks with Annual  
Report to his/cited Address.  
Div. of Corporations*

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/07 850-487-3278*

Date

Daytime Phone #