2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740621

FILED Mar 22, 2012 Secretary of State

Entity Name: FLORIDA OCCUPATIONAL THERAPY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1050 CAPLES ST 5063 LACOSTA ISLAND COURT

ENGLEWOOD, FL 34223 US PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1459

ENGLEWOOD, FL 34295

FEI Number: 23-7289335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CROWLEY, SARA-JANE MURPHY-FISCHER, DEBORAH A 1050 CAPLES STREET 5063 LACOSTA ISLAND COURTF ENGLEWOOD, FL 34223 US PUNTA GORDA, FL 33950 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: DEBORAH A. MURPHY-FISCHER 03/22/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

 Name:
 HUBBARD, KURT

 Address:
 1309 PADOLA ROAD

 City-St-Zip:
 ST. AUGUSTINE, FL 32092

Title: S

 Name:
 MOYER, RENEE

 Address:
 3520 SW 15TH STREET

 City-St-Zip:
 GAINESVILLE, FL 32608

Title: VP

Name: VIZVARY, ELENA
Address: 2319 AUBREY LANE
City-St-Zip: SARASOTA, FL 34231

Title: T

Name: MURPHY-FISCHER, DEBORAH A Address: 5063 LACOSTA ISLAND COURT City-St-Zip: PUNTA GORDA, FL 33950

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: DEBORAH A. MURPHY-FISCHER T 03/22/2012