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FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751854 (1)

1. Corporation Name

FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.

Principal Place of Business

Mailing Address

~~13810 MILL COVE CIR~~
~~TAMPA FL 33624~~
~~US~~PO BOX 273707
TAMPA FL 33688-3707

3. Date Incorporated or Qualified

04/02/1980

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

21 13325 Golf Crest Cir

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

23 Tampa

Zip

24 33624

Country

25 U.S.

City & State

Zip

29

Country

30

4. FEI Number

59-2957068

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BADER, WADE

~~13810 MILL COVE CIR~~ 13325 Golf Crest Cir.
TAMPA FL 33624

81 Name

Bader, Wade

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

13325 Golf Crest Circle

83

84 City

TAMPA

FL

85 Zip Code

33624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD ☐ DELETE
NAME BADER, WADE
STREET ADDRESS ~~13810 MILL COVE CIR~~
CITY-ST-ZIP TAMPA FL 33624TITLE SD ☐ DELETE
NAME PRUSAKOWSKI, PAUL
STREET ADDRESS ~~716-305 S.W. 10TH AVE~~
CITY-ST-ZIP GAINESVILLE FL 32601TITLE DP ☐ DELETE
NAME GINGRAS, RON
STREET ADDRESS 306 HALTON CIR
CITY-ST-ZIP SEFFNER FL 33584TITLE P ☒ DELETE
NAME FINNIESTON, ALAN R
STREET ADDRESS 300 BIRD RD
CITY-ST-ZIP MIAMI FL 33146TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME Bader Wade
1.3 STREET ADDRESS 13325 Golf Crest Circle
1.4 CITY-ST-ZIP TAMPA FL 336242.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME Prusakowski, Paul
2.3 STREET ADDRESS 716-210, S.W. 16th Ave
2.4 CITY-ST-ZIP Gainesville, FL 326013.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME Ryden, Joshua
4.3 STREET ADDRESS 2003 N.E. 3rd Street
4.4 CITY-ST-ZIP CAPE CORAL, FL 339095.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049476

CR2E037 (9/96)