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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 751854 (1) 1. Corporation Name FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETIS TS, INC.		



Principal Place of Business 13325 GOLF CREST CIR TAMPA FL 33624 US		Mailing Address PO BOX 273707 TAMPA FL 33688		3. Date Incorporated or Qualified 04/02/1980
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2957068
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent BADER, WADE 13325 GOLF CREST CIRCLE TAMPA FL 33624				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD BADER, WADE 13325 GOLF CREST CIRCLE TAMPA FL	1.1 TITLE	VD Griner, DANIELE
NAME		1.2 NAME	3041 Merrill Ave
STREET ADDRESS		1.3 STREET ADDRESS	Clearwater, FL 34619
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD PRUSAKOWSKI, PAUL 716-210 SW 16TH AVE GAINESVILLE FL	2.1 TITLE	SD PRUSAKOWSKI, PAUL
NAME		2.2 NAME	5204 SW 79th Terrace
STREET ADDRESS		2.3 STREET ADDRESS	GAINESVILLE, FL 32608
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DP GINGRAS, RON 306 HALTON CIR SEFFNER FL 33584	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P RYDER, JOSHUA 2003 NE 3RD STREET CAPE CORAL FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED 1/2/98 813-962-6100

CR2E037 (10/97)