
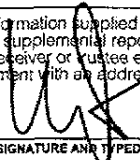


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 751854			
1. Entity Name FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.			
Principal Place of Business 13325 GOLF CREST CIR TAMPA, FL 33624 US		Mailing Address PO BOX 273707 TAMPA, FL 33688	
DO NOT WRITE IN THIS SPACE			
		01052007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2957068	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
BADER, WADE 13325 GOLF CREST CIRCLE TAMPA, FL 33624			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD BADER, WADE 13325 GOLF CREST CIRCLE TAMPA, FL		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PDS GRINER, ADDAN 9311 ALVERNON DR NEW PORT RICHEY, FL 34655		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BARR, JIM 7390 17TH WAY NORTH SAINT PETERSBURG, FL 33702		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1-16-07 813 962-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	