

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751854

FILED
Mar 22, 2010
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS,INC.

Current Principal Place of Business:

6215 SPRING OAK CT
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 340507
TAMPA, FL 33694

New Mailing Address:

FEI Number: 59-2957068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCANIO, DINO
6215 SPRING OAK COURT
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BADER, WADE
Address: 13325 GOLF CREST CIRCLE
City-St-Zip: TAMPA, FL

Title: T
Name: SCANIO, DINO
Address: 6215 SPRING OAK COURT
City-St-Zip: TAMPA, FL 33625

Title: PE
Name: BARR, JIM
Address: 1000 LAKEVIEW ROAD, STE 6
City-St-Zip: CLEARWATER, FL 33756

Title: S
Name: FREDRICK, JEFFREY
Address: 1719 MAHAN DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: DINO SCANIO

T

03/22/2010

Electronic Signature of Signing Officer or Director

Date