


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90075 030 \*\*\*\*61.75

<b>DOCUMENT # 751854</b>	
<b>1. Entity Name</b> <b>FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.</b>	

<b>Principal Place of Business</b> 13325 GOLF CREST CIR TAMPA FL 33624 US	<b>Mailing Address</b> PO BOX 273707 TAMPA FL 33688
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☐ CHECK HERE IF MAKING CHANGES

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 59-2957068	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
BADER, WADE 13325 GOLF CREST CIRCLE TAMPA FL 33624

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete
<b>NAME</b>	BADER, WADE
<b>STREET ADDRESS</b>	13325 GOLF CREST CIRCLE
<b>CITY-ST-ZIP</b>	TAMPA FL
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete
<b>NAME</b>	PRUSAKOWSKI, PAUL
<b>STREET ADDRESS</b>	716-210, SW 16TH AVE
<b>CITY-ST-ZIP</b>	GAINESVILLE FL
<b>TITLE</b>	<b>PD</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	BENFORD, CHARLES P
<b>STREET ADDRESS</b>	2172 LAURENCE DRIVE
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33764
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete
<b>NAME</b>	BARR, JIM
<b>STREET ADDRESS</b>	7390 17TH WAY NORTH
<b>CITY-ST-ZIP</b>	SAINT PETERSBURG FL 33702
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PD
<b>STREET ADDRESS</b>	Prusakowski, Paul
<b>CITY-ST-ZIP</b>	716-210 SW 16th Ave Gainesville, FL
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. 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 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:** \_\_\_\_\_ **SIGNATURE REQUIRED** 1-7-03

CR2E037 (10/02)