FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 23 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762213 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF ORTHOPEDIC TECHNOLOGISTS, INC.

Principal Place of Business	Mailing Address
19911 DOTHAN ROAD MIAMI FL 33157	P O BOX 1683 MIAMI FL 33116 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1982	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2198272	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 161683
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 MIAMI, FL
24 Zip / 25 Country	29 33116 / 30 USA

9. Name and Address of Current Registered Agent

WETZEL, JANET
19911 DOTHAN ROAD
MIAMI FL 33157

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D ☒ Change ☐ Addition
NAME	JOHNSON, JOHNNY		
STREET ADDRESS	10345 S.W. 149 TERR.		
CITY-ST-ZIP	MIAMI FL		
TITLE	S	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	S/T ☒ Change ☐ Addition
NAME	MARTIN, GLADIZ		
STREET ADDRESS	17411 SW 109TH AVE.		
CITY-ST-ZIP	MIAMI FL		
TITLE	V	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V/T ☒ Change ☐ Addition
NAME	DECKER, DONALD		
STREET ADDRESS	3538 PINETREE ST		
CITY-ST-ZIP	PORT CHARLOTTE FL		
TITLE	T	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T/T ☒ Change ☐ Addition
NAME	GARCIA, LAZARO		
STREET ADDRESS	20070 NW 39 CT APT A		8930 SW 72 ST. # B105
CITY-ST-ZIP	MIAMI FL		MIAMI FL 33173
TITLE		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			955 2/28/95
STREET ADDRESS			Deposit by Bank
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ LAZARO D. GARCIA OTE 1/16/95 (305)666-6511 EXT. 1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #