

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

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 161683
MIAMI FL 33116
US

3. Date Incorporated or Qualified

05/20/1982

4. FEI Number

59-2198272

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WETZEL, JANET
19911 DOTHAN ROAD
MIAMI FL 33157

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GARCIA, LAZARD
STREET ADDRESS 8830 SW 72 ST. #B105
CITY-ST-ZIP MIAMI FL

TITLE ST ☒ DELETE

NAME MARTIN, GLADIZ
STREET ADDRESS 17411 SW 109TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE VT ☐ DELETE

NAME DECKER, DONALD
STREET ADDRESS 3538 PINETREE ST
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE TREASURER ☐ DELETE

NAME JANET WETZEL
STREET ADDRESS 19911 DOTHAN RD
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

JANET WETZEL

7/3/98
5/23/98

305-
595-5963

CR2E037 (10/97)