

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

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # N04000003763

1. Entity Name
**ORTHOTIC & PROSTHETIC TECHNOLOGICAL
ASSOCIATION INC.**



Principal Place of Business

**815-B NORTH MAIN ST.
HAVANA, FL 32333**

Mailing Address

**815-B NORTH MAIN ST.
HAVANA, FL 32333**

DO NOT WRITE IN THIS SPACE



02062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
56-2454224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WICKMAN, ANTHONY
815-B NORTH MAIN ST.
HAVANA, FL 32333**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PANANCIULMAN, PETER
4006 N AVERS AVE
CHICAGO, IL 60618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HILL, STEVE
735 N. FORK RD
BARNARDVILLE, NC 28709**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WICKMAN, ANTHONY
815-B N MAIN ST
HAVANA, FL 32333**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000636501
02/26/07-80022-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony P. Wickman 2/6/7 850.5394194