

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005274

FILED
Sep 18, 2009
Secretary of State

Entity Name: AMERICAN SOCIETY OF ORTHOPEDIC PROFESSIONALS, INC.

Current Principal Place of Business:

7595 141ST ST N
SEMINOLE, FL 33776

New Principal Place of Business:

Current Mailing Address:

PO BOX 7440
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 32-0118206 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAROCAS, CHARLES
7595 141ST ST N
SEMINOLE, FL 33776 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: PRES () Delete
Name: BAROCAS, CHARLES L MR.
Address: 7595 141ST NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: TRES () Delete
Name: BAROCAS, CHARLES L MR
Address: 7595 141ST ST. NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: DIR () Delete
Name: BAROCAS, CHARLES L MR
Address: 7595 141ST ST NORTH
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES BAROCAS

DIR

09/18/2009

Electronic Signature of Signing Officer or Director

Date