

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005274

FILED
Jun 12, 2012
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 ()

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

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

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

Title: SEC
Name: BAROCAS, CHARLES L MR
Address: 7595 141ST ST
City-St-Zip: SEMINOLE, FL 33776

Title: VP
Name: BAROCAS, CHARLES L MR
Address: 7595 141ST ST
City-St-Zip: SEMINOLE, FL 33776

Title: MR
Name: BAROCAS, CHARLES
Address: 7595 141ST ST
City-St-Zip: SEMINOLE, FL 33776

I hereby 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 all other like empowered.

SIGNATURE: CB

DIR

06/12/2012

Electronic Signature of Signing Officer or Director

Date