


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90031 021 ****61.25

DOCUMENT # N26499 1. Entity Name NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF ORTHOTICS AND PROSTHETICS, INC.					
Principal Place of Business 1875 EYE STREET, NW 12TH FLOOR WASHINGTON, DC 20006			Mailing Address 1875 EYE STREET, NW 12TH FLOOR WASHINGTON, DC 20006		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 58-1854805	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIETH, MICHAEL C.P. C/O ST. PETERSBURG LIMB & BRACE 1001 37TH STREET, N., SUITE B ST. PETERSBURG, FL 33713				7. Name and Address of New Registered Agent Name Alan R. Finnieston, C.P.O. Street Address (P.O. Box Number is Not Acceptable) 90 Arthur Finnieston Clinic 2480 West 82nd Street, Suite 8 City Hialeah, FL Zip Code 33016	
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 *Alan R. Finnieston, C.P.O. <i>[Signature]</i> January 23, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIETH, MICHAEL C.P. 1001 37TH STREET N., SUITE B ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD * Alan R. Finnieston, C.P.O. 2480 West 82nd Street, Suite 8 Hialeah, Florida 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOKOSA, JAN J CP 2145 UNIVERSITY PARK DRIVE OKEMAS, MI 48864	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter W. Thomas 1875 EYE ST, N.W. 12th floor WASHINGTON, DC 20006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLOCK, JOHN 700 HOWLAND/WILSON ROAD, S.E. WARREN, OH 44484	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD George W. Breece 1875 EYE ST, N.W. 12th floor WASHINGTON, DC 20006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTH, THOMAS 1647 UNIVERSITY AVENUE SAN DIEGO, CA 92115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i> George W. Breece			Jan 23, 2006 800-622-6740		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT
60007386
#N26499



YOUR VOICE FOR PROFESSIONAL O&P PATIENT CARE

www.naaop.org

To Whom It May Concern:

Please call me if you have any questions. Thank you very much - I hope we filled this out correctly.

George W. Breece
Executive Director, NAAOP
cell # 910.583-2161



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Twelfth Floor
Washington, DC 20006-5409

e-mail: info@naaop.org
www.naaop.org

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Executive Director

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