

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26499

FILED
Jan 07, 2012
Secretary of State

Entity Name: NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF ORTHOTICS AND PROSTHETICS, INC.

Current Principal Place of Business:

1501 M STREET, NW
7TH FLOOR
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

1501 M STREET, NW
7TH FLOOR
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 58-1854805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRUSAKOWSKI, PAUL E CPO
C/O GAINESVILLE PROSTHETICS
6800 NW 9TH BLVD, SUITE 3
GAINESVILLE, FL 32605 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: STD
Name: PRUSAKOWSKI, PAUL E C.P.O.
Address: 6800 NW 9TH BLVD, SUITE 3
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: THOMAS, PETER W
Address: 1501 M ST, NW 7TH FLOOR
City-St-Zip: WASHINGTON, DC 200051700

Title: D
Name: BREECE, GEORGE W
Address: 1501 M ST NW, 7TH FLOOR
City-St-Zip: WASHINGTON, DC 200051700

Title: D
Name: GUTH, THOMAS
Address: 1647 UNIVERSITY AVENUE
City-St-Zip: SAN DIEGO, CA 92115

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: GEORGE W. BREECE

ED

01/07/2012

Electronic Signature of Signing Officer or Director

Date