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FILED

Mar 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31622 (6)

1. Corporation Name

AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O MORTON J. MORRIS  
2500 HOLLYWOOD BLVD., SUITE 212  
HOLLYWOOD FL 33020

C/O MORTON J. MORRIS  
2500 HOLLYWOOD BLVD., SUITE 212  
HOLLYWOOD FL 33020-6615



3. Date Incorporated or Qualified  
04/10/1989

3a. Date of Last Report  
01/19/1996

4. FEI Number  
52-1674887

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3200 S University Drive

26 P.O. Box 291690

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Room 1518, 5th Floor

27

23 Davie, FL 33328

28 Davie, FL 33328-1690

City & State

City & State

Zip

Country

Zip

Country

24 33328

25 Broward

29 33328

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, MORTON J.  
2500 HOLLYWOOD BOULEVARD  
SUITE 212  
HOLLYWOOD FL 33020

address  
change  
only

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3200 S University Drive

83

Room 1518, 5th Floor

84 City

Davie

FL

85 Zip Code

33328

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOGIL, CARL	2201 Chapel Ave W
STREET ADDRESS	P.O. BOX 4350 N/A	
CITY-ST-ZIP	CHERRY HILL NJ	08002
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRISON, DANIEL	
STREET ADDRESS	6255 N. INKSTER RD.	
CITY-ST-ZIP	GARDEN CITY MI	48135
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MORRIS, MORTON J.	
STREET ADDRESS	2500 HOLLYWOOD BLVD. #212	3200 S University Drive
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97

Date

Daytime Phone # 0021344

CR2E037 (9/96)