


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		3. Date Incorporated or Qualified	
3200 S UNIVERSITY DR RM 1518, 5TH FL DAVIE FL 33328 US		PO BOX 291690 2509 HOLLYWOOD BLVD., SUITE 212 DAVIE FL 33329-1690 US		04/10/1989	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		26 P.O. Box 291690		52-1674887	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Davie, Fl.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 33329-1690		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORRIS, MORTON J. 3200 S UNIVERSITY DR RM 1518, 5TH FL DAVIE FL 33328		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MOGIL, CARL	1.2 NAME	RUSH, JOEL
STREET ADDRESS	2201 CHAPEL AVE W	1.3 STREET ADDRESS	301 N.W. 84th. Avenue, Suite 305
CITY-ST-ZIP	CHERRY HILL NJ	1.4 CITY-ST-ZIP	Plantation, FL. 33324
TITLE	VD	2.1 TITLE	D
NAME	MORRISON, DANIEL	2.2 NAME	McPhilemy, John
STREET ADDRESS	6255 N. INKSTER RD.	2.3 STREET ADDRESS	2 Bala Plaza, Suite 1L-1
CITY-ST-ZIP	GARDEN CITY MI	2.4 CITY-ST-ZIP	Bala Cynwyd, PA 19004
TITLE	STD	3.1 TITLE	
NAME	MORRIS, MORTON J.	3.2 NAME	
STREET ADDRESS	3200 S UNIVERSITY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Stover, R. Mark
STREET ADDRESS		4.3 STREET ADDRESS	110 Morey Drive, Suite C
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Marysville, OH 43040
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Urse, John S.
STREET ADDRESS		5.3 STREET ADDRESS	8934 Kingsridge Drive, Suite 101
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cneterville, OH 45458
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

4-3-98

(954) 262-1700

CP2E037 (10/97)