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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N31622**

1. Corporation Name

**AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business

3200 S UNIVERSITY DR  
RM 1518, 5TH FL  
DAVIE FL 33328  
US

Mailing Address

P O BOX 291690  
~~2500 HOLLYWOOD BLVD SUITE 212~~  
DAVIE FL 33329-1690  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 291690

27 Suite, Apt. #, etc.

28 City & State

28 Davie, FL

29 Zip

33329-1690

30 Country

USA

3. Date Incorporated or Qualified

04/10/1989

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

9. Name and Address of Current Registered Agent

MORRIS, MORTON J.  
3200 S UNIVERSITY DR  
RM 1518, 5TH FL  
DAVIE FL 33328

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RUSH, JOEL  
STREET ADDRESS 301 NW 84TH AVE SUITE 305  
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☐ DELETE

NAME MCPHILEMY, JOHN  
STREET ADDRESS 2 BALA PLAZA, SUITE IL - 1  
CITY-ST-ZIP BALA CYNWYD PA 19004

TITLE STD ☐ DELETE

NAME MORRIS, MORTON J.  
STREET ADDRESS 3200 S UNIVERSITY DR  
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE

NAME STOVER, R MARK  
STREET ADDRESS 110 MOREY DR SUITE C  
CITY-ST-ZIP MARYSVILLE OH 43040

TITLE D ☐ DELETE

NAME URSE, JOHN S  
STREET ADDRESS 8934 KINGSRIDGE DR SUITE 101  
CITY-ST-ZIP CENTERVILLE OH 45458

TITLE D ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

(954) 262-1700

Daytime Phone #

CR2E037 (1/98)