

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31622

1. Entity Name

AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS EDUC

Principal Place of Business

Mailing Address

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

P O BOX 291690  
DAVIE FL 33329-1690  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1674887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE D ☒ Change ☐ Addition  
NAME Stover, R. Mark  
STREET ADDRESS 114 Morey Drive  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

*Morton Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

(954) 262-1700

Daytime Phone #

FILED  
Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90052 001 \*\*\*\*61.25

632900



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