

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N31622**

1. Entity Name

**AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS EDUC****FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90082 010 \*\*\*\*61.25

0048480

Principal Place of Business

Mailing Address

3200 S UNIVERSITY DR  
RM 1518, 5TH FL  
DAVIE FL 33328  
USP O BOX 291690  
DAVIE FL 33329-1690  
US**719241**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**52-1674887**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
NAME RUSH, JOEL  
STREET ADDRESS 301 NW 84TH AVE SUITE 305  
CITY-ST-ZIP PLANTATION FL 33324 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME MCPHILEMY, JOHN  
STREET ADDRESS 2 BALA PLAZA, SUITE IL - 1  
CITY-ST-ZIP BALA CYNWYD PA 19004 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE STD  
NAME MORRIS, MORTON J.  
STREET ADDRESS 3200 S UNIVERSITY DR  
CITY-ST-ZIP DAVIE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME STOVER, R MARK  
STREET ADDRESS 114 MOREY DR  
CITY-ST-ZIP MARYSVILLE OH 43040 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D  
NAME URSE, JOHN S  
STREET ADDRESS 8934 KINGSRIDGE DR SUITE 101  
CITY-ST-ZIP CENTERVILLE OH 45458 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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  
Executive Director

2-15-01

(954) 262-1700

Date

Daytime Phone #

CR2E037 (10/00)