

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90128 038 ****61.25

DOCUMENT # N31622

1. Entity 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
DAVIE FL 33329-1690
US**

10032763



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUSH, JOEL	
STREET ADDRESS	301 NW 84TH AVE SUITE 305	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHILEMY, JOHN	
STREET ADDRESS	2 BALA PLAZA, SUITE-IL- 1	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORRIS, MORTON J.	
STREET ADDRESS	3200 S UNIVERSITY DR	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOVER, R MARK	
STREET ADDRESS	114 MOREY DR	
CITY-ST-ZIP	MARYSVILLE OH 43040	
TITLE	D	<input type="checkbox"/> Delete
NAME	URSE, JOHN S	
STREET ADDRESS	8934 KINGSRIDGE DR SUITE 101	
CITY-ST-ZIP	CENTERVILLE OH 45458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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, D.O., J.D.
Morton Morris, D.O., J.D.

3-3-03 (954) 262-1700