

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49904

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** THE AMERICAN ACADEMY OF ORTHOPAEDIC MANUAL PHYSICAL THERAPISTS, INC.

**Current Principal Place of Business:**

1705 S. GADSDEN ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2104 DELTA WAY  
SUITE 7  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1705 S. GADSDEN ST  
TALLAHASSEE, FL 32301

**New Mailing Address:**

2104 DELTA WAY  
SUITE 7  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3131383      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCCLURE, GEORGE M.  
2 SEA OAKS  
ST. AUGUSTINE, FL 32084      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD      ( ) Delete  
Name: MAGEL, JOHN  
Address: 717 SOUTH CEDAR STREET  
City-St-Zip: CORTEX, CO 81321

Title: TD      ( ) Delete  
Name: CHILDS, JOHN D  
Address: 508 THURBER DRIVE  
City-St-Zip: SCHERTZ, TX 781541146

Title: PD      (X) Delete  
Name: OLSON, KENNETH  
Address: 1020 BERKSHIRE COURT  
City-St-Zip: SYCAMORE, IL 60178

Title: VP      ( ) Delete  
Name: SCHENK, RON  
Address: 60 N. LAKE SRIVE #1  
City-St-Zip: ORCHARD PARK, NY 14127

Title: D      ( ) Delete  
Name: BELL, STEPHANIA  
Address: 3030 GOODWIN AVE  
City-St-Zip: REDWOOD CITY, CA 94061

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: ROWE, ROBERT  
Address: 126 OAK LEAF DRIVE  
City-St-Zip: SLIDELL, LA 70461

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P      ( ) Change (X) Addition  
Name: FLYNN, TIMOTHY  
Address: 3333 REGIS BLVD. G-4  
City-St-Zip: DENVER, CO 80221

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY FLYNN

P

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date