

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49904

FILED  
Jan 12, 2007  
Secretary of State

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

**Current Principal Place of Business:**

2104 DELTA WAY  
SUITE 7  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

2104 DELTA WAY  
SUITE 7  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 59-3131383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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:**

CROSBY, RANDALL C  
2104 DELTA WAY  
SUITE 7  
TALLAHASSEE, FL 32303 US

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: RANDALL C CROSBY      01/12/2007  
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: VP      ( ) Delete  
Name: ROWE, ROBERT  
Address: 126 OAK LEAF DRIVE  
City-St-Zip: SLIDELL, LA 70461

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

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

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

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

Title: SD      (X) Change ( ) Addition  
Name: MAGEL, JOHN  
Address: 1948 E. DOWINGTON AVENUE  
City-St-Zip: SALT LAKE CITY, UT 84108

Title: TD      (X) Change ( ) Addition  
Name: CHILDS, JOHN D  
Address: 2532 MELVILLE LANE  
City-St-Zip: SCHERTZ, TX 78154

Title: VP      (X) Change ( ) Addition  
Name: ROWE, ROBERT  
Address: 1000 BRIARCREEK ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: P      (X) Change ( ) Addition  
Name: FLYNN, TIMOTHY  
Address: 946 EAST RIDGECREST ROAD  
City-St-Zip: FT. COLLINS, CO 80524

Title: ED      ( ) Change (X) Addition  
Name: CROSBY, RANDALL C  
Address: 2104 DELTA WAY, SUITE #7  
City-St-Zip: TALLAHASSEE, FL 32303

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: RANDALL C. CROSBY      ED      01/12/2007  
Electronic Signature of Signing Officer or Director      Date