

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49904

FILED
Mar 23, 2009
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:

12100 SUNSET HILLS ROAD
SUITE 130
RESTON, VA 20190

Current Mailing Address:

2104 DELTA WAY
SUITE 7
TALLAHASSEE, FL 32303

New Mailing Address:

12100 SUNSET HILLS ROAD
SUITE 130
RESTON, VA 20190

FEI Number: 59-3131383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: 1948 E. DOWINGTON AVENUE
City-St-Zip: SALT LAKE CITY, UT 84108

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

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

Title: D () Delete
Name: PLOCK, HAIDEH
Address: 795 EL CAMINO REAL, 1ST FL, CLARK BLDG.
City-St-Zip: PALO ALTO, CA 94301

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MAGEL, JAKE
Address: 5848 S. FASHION BLVD
City-St-Zip: MURRAY, UT 84107

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

Title: P (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: SECR (X) Change () Addition
Name: ELAINE, LONNEMANN
Address: 2120 NEWBURG ROAD
City-St-Zip: LOUISVILLE, KY 40202

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

I hereby certify that the information supplied with this filing does not qualify 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: BETH PHILLIPS

ED

03/23/2009

Electronic Signature of Signing Officer or Director

Date