2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# N49904

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

Current Principal Place of Business:

12100 SUNSET HILLS ROAD
SUITE 130
RESTON, VA 20190

New Principal Place of Business:

Current Mailing Address:

12100 SUNSET HILLS ROAD
SUITE 130
RESTON, VA 20190

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:

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: RHIANNON LAWLER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: TD
Name: COOK, CHAD
Address: 8634 CAULEY AVE, NW
City-St-Zip: CANTON, OH 44720

Title: P
Name: ROWE, ROBERT
Address: 1000 BRIARCREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: SECR
Name: ELAINE, LONNEMANN
Address: 2120 NEWBURG ROAD
City-St-Zip: LOUISVILLE, KY 40202

I hereby 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 all other like empowered.

SIGNATURE: ANDREA M. FALZARANO, CAE ED 01/07/2011

Electronic Signature of Signing Officer or Director — Date