

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49904

FILED  
Jan 17, 2012  
Secretary of State

**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 (X)**

**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: D  
Name: RANEY, NICOLE  
Address: 134 EVANS AVE  
City-St-Zip: SAN ANTONIO, TX 78209

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: VP  
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: CATHERINE EIFERT

ED

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date