

DEPARTMENT OF STATE FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Feb 17, 1999 8:00 am**  
**Secretary of State**

02-17-1999 90068 022 \*\*\*\*61.25

**DOCUMENT # N96000006345**

1. Corporation Name

**FOUNDATION FOR OSTEOPATHIC RESEARCH AND TRAINING, INC.**

Principal Place of Business

**634 NORTH SEMORAN BLVD  
 ORLANDO, FL 32807**

Mailing Address

**634 NORTH SEMORAN BLVD  
 ORLANDO FL 32807**



2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

3. Date Incorporated or Qualified

**12/12/1996**

4. FEI Number

**59-3416330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00 May Be  
 Added to Fees**

9. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN M. ESQ.  
 430 NORTH MILLS AVENUE  
 ORLANDO FL 32803**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
 GRASSO, JOSEPH S DO  
 634 NORTH SEMORAN BLVD  
 ORLANDO FL 32807**

TITLE ☐ DELETE

**VD  
 HAGOPIAN, STEPHAN DO  
 1448 15TH STREET, STE 105  
 SANTA MONICA CA 90404**

TITLE ☐ DELETE

**STD  
 JEALOUS, JAMES DO  
 ROAD NO. 3, BOX 3451  
 MILTON VT 05468**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

**JOSEPH S GRASSO, DO.**

**1/19/99**

**407-380-7799**

Date

Daytime Phone #

CR2E037 (11/98)