

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N98000002660

Entity Name: THE FOUNDATION FOR THE ADVANCEMENT OF REHABILITATIVE AND MOVEMENT SCIENCES, INC.

Current Principal Place of Business:

1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3535131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARIS, STANLEY V
1 UNIVERSITY BLVD.
ST AUGUSTINE, FL 32086 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: PD () Delete
Name: PARIS, STANLEY V
Address: 1 UNIVERSITY BLVD.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VSTD () Delete
Name: PARIS, CATHERINE P
Address: 1 UNIVERSITY BLVD.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: D () Delete
Name: ANDERSON, MATTHEW
Address: 1 UNIVERSITY BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MATTHEW ANDERSON

D

01/23/2009

Electronic Signature of Signing Officer or Director

Date