2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2025
Secretary of State
2183903869CC

DOCUMENT# 751854

Entity Name: FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS,INC.

Current Principal Place of Business:

9235 LAGOON PLACE
UNIT # 407
DAVIE, FL 33324

Current Mailing Address:

PO BOX 293235
DAVIE, FL 33329 US

FEI Number: 59-1982675

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AMBACHEN, JASON
9235 LAGOON PLACE
UNIT # 407
DAVIE, FL 33324 US

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: JASON AMBACHEN 03/11/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT ELECT
Name	GARRISON, KEVIN
Address	510 SE 5TH AVENUE
City-State-Zip:	FORT LAUDERDALE FL 33301

Title	TREASURER
Name	AMBACHEN, JASON
Address	9235 LAGOON PLACE UNIT # 407
City-State-Zip:	DAVIE FL 33324

Title	PRESIDENT
Name	LUNA, HERNAN
Address	8725 SW 96 STREET
City-State-Zip:	MIAMI FL 33176

Title	PAST PRESIDENT
Name	GONZALEZ, ORIALIZ
Address	ZB3 CALLE NEVADA, EXT PARKVILLE
City-State-Zip:	GUAYNABO OC 00969

Title	SECRETARY
Name	POWELL, ALTHEA
Address	2686 US HIGHWAY ONE
City-State-Zip:	VERA BEACH FL 32960

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: JASON AMBACHEN TREASURER 03/11/2025

Electronic Signature of Signing Officer/Director Detail — Date