

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751854

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

**FILED  
Mar 20, 2014  
Secretary of State  
CC6492664224**

**Current Principal Place of Business:**

6215 SPRING OAK CT  
TAMPA, FL 33625

**Current Mailing Address:**

PO BOX 340507  
TAMPA, FL 33694

**FEI Number: 59-1982675**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SCANIO, DINO  
6215 SPRING OAK COURT  
TAMPA, FL 33625 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PP  
Name BADER, WADE  
Address 13325 GOLF CREST CIRCLE  
City-State-Zip: TAMPA FL

Title T  
Name SCANIO, DINO  
Address 6215 SPRING OAK COURT  
City-State-Zip: TAMPA FL 33625

Title P  
Name BARR, JIM  
Address 1000 LAKEVIEW ROAD, STE 6  
City-State-Zip: CLEARWATER FL 33756

Title PRESIDENT-ELECT  
Name WRIGHT, MIKE  
Address 5015 ORTEGA BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY  
Name GILLIS, ARLENE  
Address 2301 SOUTH HALE AVENUE  
City-State-Zip: TAMPA FL 33629

*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: DINO SCANIO**

**TREASURER**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date