

**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