

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 751854

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

**Current Principal Place of Business:**

6924 122ND WAY  
SEMINOLE, FL 33772

**Current Mailing Address:**

PO BOX 7526  
SEMINOLE, FL 33775 US

**FEI Number: 59-1982675**

**Certificate of Status Desired: No**

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

DUBOIS, ANNE LOUISE  
6924 122ND WAY  
SEMINOLE, FL 33772 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: ANNE LOUISE DUBOIS**

**09/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TREASURER  
Name DUBOIS, ANNE  
Address 6924 122ND WAY  
City-State-Zip: SEMINOLE FL 33772

Title SECRETARY  
Name REYNOLDS, TARA  
Address 1052 LOTUS COVE COURT  
UNIT 746  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT-ELECT  
Name SILVA, EUGENIO  
Address 720 CREMONA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

*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: ANNE DUBOIS**

**TREASURER**

**09/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date