

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751854

Entity Name: FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.**FILED**
Mar 29, 2016
Secretary of State
CC4914633062**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****03/29/2016**

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 LOUISE DUBOIS**TREASURER****03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date