

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751854

Entity Name: FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.**FILED**
Feb 08, 2023
Secretary of State
8070861171CC**Current Principal Place of Business:**23972 SAN GIOVANNI DR
LAND O LAKES, FL 34639**Current Mailing Address:**PO BOX 1955
LUTZ, FL 33548 US**FEI Number: 59-1982675****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**OBRIEN, VALARIE LYN
23972 SAN GIOVANNI DR
LAND O LAKES, FL 34639 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: VALARIE OBRIEN****02/08/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT ELECT

Name LUNA, HERNAN

Address 8725 SW 96 ST.

City-State-Zip: MIAMI FL 33176

Title PAST PRESIDENT

Name SILVA, EUGENIO

Address 720 CREMONIA AVENUE

City-State-Zip: CORAL GABLES FL 33146

Title TREASURER

Name OBRIEN, VALARIE

Address 23972 SAN GIOVANNI DR

City-State-Zip: LAND O LAKES FL 34639

Title SECRETARY

Name REYNOLDS, TARA

Address 1052 LOTUS COVE COURT
UNIT 746

City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT

Name GONZALEZ, ORIALIZ

Address 11011 LEGACY LANE
204

City-State-Zip: PALM BEACH GARDEN FL 33410

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: VALARIE OBRIEN**TREASURER****02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date