## **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 751854** 

Entity Name: FLORIDA ASSOCIATION OF ORTHOTISTS AND

PROSTHETISTS, INC.

**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

FILED Jun 10, 2013

**Secretary of State** 

CC0389635115

Officer/Director Detail:

Title PP Title T

Name BADER, WADE Name SCANIO, DINO

Address 13325 GOLF CREST CIRCLE Address 6215 SPRING OAK COURT

City-State-Zip: TAMPA FL City-State-Zip: TAMPA FL 33625

Title P Title S

Name BARR, JIM Name ADDAM, GRINER

Address 1000 LAKEVIEW ROAD, STE 6 Address 9311 ALVERNON DRIVE

City-State-Zip: CLEARWATER FL 33756 City-State-Zip: NEW PORT RICHEY FL 34655

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

Electronic Signature of Signing Officer/Director Detail

TREASURER 06/10/2013

Date