

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751854

**Entity Name:** FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETISTS, INC.**FILED**  
**Apr 05, 2024**  
**Secretary of State**  
**7140355350CC****Current Principal Place of Business:**9235 LAGOON PLACE  
UNIT # 407  
DAVIE, FL 33324**Current Mailing Address:**PO BOX 293235  
DAVIE, FL 33329 US**FEI Number: 59-1982675****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AMBACHEN, JASON  
9235 LAGOON PLACE  
UNIT # 407  
DAVIE, FL 33324 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: JASON AMBACHEN****04/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title            PRESIDENT ELECT  
Name            GARRISON, KEVIN  
Address        510 SE 5TH AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33301Title            PAST PRESIDENT  
Name            GONZALEZ, ORIALIZ  
Address        ZB3 CALLE NEVADA, EXT PARKVILLE  
City-State-Zip: GUAYNABO OC 00969Title            TREASURER  
Name            AMBACHEN, JASON  
Address        9235 LAGOON PLACE  
                    UNIT # 407  
City-State-Zip: DAVIE FL 33324Title            SECRETARY  
Name            POWELL, ALTHEA  
Address        2686 US HIGHWAY ONE  
City-State-Zip: VERA BEACH FL 32960Title            PRESIDENT  
Name            LUNA, HERNAN  
Address        8725 SW 96 STREET  
City-State-Zip: MIAMI FL 33176

*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: JASON AMBACHEN****TREASURER****04/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date