

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 751854

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

Current Principal Place of Business:

26848 ROSEANN PL
LUTZ, FL 33559

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
26848 ROSEANN PL
LUTZ, FL 33559 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

08/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name WRIGHT, MICHAEL
Address 5015 ORTEGA BLVD
City-State-Zip: JACKSONVILLE FL 32210

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

Title TREASURER
Name OBRIEN, VALARIE
Address 26848 ROSEANN PL
City-State-Zip: LUTZ FL 33559

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

Title PRESIDENT-ELECT
Name BAILEY, MATTHEW
Address 7751 N MILITARY TRAIL
SUITE 3
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

08/11/2017

Electronic Signature of Signing Officer/Director Detail

Date