

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

DOCUMENT# N23000012426

**Entity Name:** THE STANLEY L. GORDON FOUNDATION FOR ORTHOPEDIC CLINICAL RESEARCH, INC

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**4501933168CC**

**Current Principal Place of Business:**

422 S ALAFAYA TRAIL, STE 17  
ORLANDO, FL 32828

**Current Mailing Address:**

422 S ALAFAYA TRAIL, STE17  
ORLANDO, FL 32828 US

**FEI Number: 99-1322223**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZEINI, ABDELRAHMAN M  
422 S ALAFAYA TRAIL, STE17  
ORLANDO, FL 32828 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

**Officer/Director Detail :**

Title OD  
Name KERINA, JEFFREY M  
Address 422 S ALAFAYA TRAIL, STE 17  
City-State-Zip: ORLANDO FL 32828

Title OD  
Name ZEINI, IBRAHIM M  
Address 422 S ALAFAYA TRAIL, STE 17  
City-State-Zip: ORLANDO FL 32828

Title OD  
Name ZEINI, ABDELRAHMAN M  
Address 422 S ALAFAYA TRAIL, STE 17  
City-State-Zip: ORLANDO FL 32828

*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: ABDELRAHMAN ZEINI

OD

04/30/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date