Current M	lailing Address:			
SUITE 30	0 1 BANK ST			
GAITHER	SBURG, MD 20878 US			
FEI Numb	per: 52-1620299		Certificate of Status Desired: N	١o
Name and	d Address of Current Registered Ager	nt:		
1201 HAYS	TION SERVICE COMPANY STREET SEE, FL 32301 US			
The above na	med entity submits this statement for the purpose of cha	nging its registered office or re	gistered agent, or both, in the State of Florida.	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Da	ate
Officer/Di	rector Detail :			
Title	PRESIDENT	Title	VP	
Name	GRACE, PAUL	Name	FREEDMAN, ALLAN	
Address	12 SOUTH SUMMIT AVENUE	Address	12 SOUTH SUMMIT AVENUE	

# 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

SIGNATURE: PAUL GRACE

above, or on an attachment with all other like empowered.

PRESIDENT

04/22/2022

Electronic Signature of Signing Officer/Director Detail

## 2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# F14000005402

Entity Name: NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY INC.

**Current Principal Place of Business:** 

SUITE 300 1 BANK ST GAITHERSBURG, MD 20878

### C

FILED Apr 22, 2022 Secretary of State 8803113593CC

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Title	PRESIDENT	Title	VP		
Name	GRACE, PAUL	Name	FREEDMAN, ALLAN		
Address	12 SOUTH SUMMIT AVENUE SUITE 100	Address	12 SOUTH SUMMIT AVENUE SUITE 100		
City-State-Zip:	GAITHERSBURG MD 20877	City-State-Zip:	GAITHERSBURG MD 20877		