## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 768605** 

Entity Name: MIAMI ORTHOPAEDIC SOCIETY, INC.

**FILED** Apr 07, 2021 **Secretary of State** 4075301074CC

## **Current Principal Place of Business:**

1011 SUNNYBROOK ROAD STE 904

MIAMI, FL 33136

## **Current Mailing Address:**

1011 SUNNYBROOK ROAD **STE 904** 

MIAMI, FL 33136 US

FEI Number: 59-1736480 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KRAMER, ROBERT MESQ 4000 HOLLYWOOD BLVD 485-SOUTH HOLLYWOOD, FL 33021 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 DIRECTOR Title DIRECTOR

Name BOSCH, ANGEL Name COBBE, FRASER

1011 SUNNYBROOK ROAD 319 S GLEN ARVEN AVENUE Address Address

STE 904

TEMPLE TERRACE FL 33617 City-State-Zip: City-State-Zip: MIAMI FL 33136

Title DIRECTOR Title **PRESIDENT** 

Name D'APPUZZO, MICHELE Name GORIN, STEVEN

Address 1011 SUNNYBROOK ROAD Address 1011 SUNNYBROOK ROAD STE 904

STE 904

City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33136

Title DIRECTOR Title DIRECTOR

Name BEAUPERTHUY, GILBERT BARAGA, MICHAEL Name

Address 1011 SUNNYBROOK ROAD 1011 SUNNYBROOK ROAD Address STF 904

STE 904

City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33136

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.

04/07/2021 SIGNATURE: FRASER COBBE DIRECTOR