

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768605

**Entity Name:** MIAMI ORTHOPAEDIC SOCIETY, INC.

**Current Principal Place of Business:**

1011 SUNNYBROOK ROAD  
STE 904  
MIAMI, FL 33136

**FILED**  
**Apr 16, 2023**  
**Secretary of State**  
**2293524837CC**

**Current Mailing Address:**

1011 SUNNYBROOK ROAD  
STE 904  
MIAMI, FL 33136 US

**FEI Number: 59-1736480**

**Certificate of Status Desired: Yes**

**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  
Name BOSCH, ANGEL  
Address 1011 SUNNYBROOK ROAD  
STE 904  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name COBBE, FRASER  
Address 319 S GLEN ARVEN AVENUE  
City-State-Zip: TEMPLE TERRACE FL 33617

Title PAST PRESIDENT  
Name GORIN, STEVEN  
Address 1011 SUNNYBROOK ROAD  
STE 904  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name D'APPUZZO, MICHELE  
Address 1011 SUNNYBROOK ROAD  
STE 904  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name HERNANDEZ, VICTOR  
Address 1011 SUNNYBROOK ROAD  
STE 904  
City-State-Zip: MIAMI FL 33136

Title PRESIDENT  
Name BEAUPERTHUY, GILBERT  
Address 1011 SUNNYBROOK ROAD  
STE 904  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name HODGKINS, CHRISTOPHER  
Address 1011 SUNNYBROOK ROAD  
STE 904  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name PARALITICCI, GIOVANNI  
Address 1011 SUNNYBROOK ROAD  
STE 904  
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.*

**SIGNATURE: FRASER COBBE**

**EXECUTIVE DIRECTOR**

**04/16/2023**

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

\_\_\_\_\_  
Date