

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90114 009 ****61.25

DOCUMENT # 701654

1. Entity Name

THE FLORIDA ORTHOPEDIC SOCIETY, INC.

Principal Place of Business

4725 N FEDERAL HWY
 FORT LAUDERDALE FL 33308
 US

Mailing Address

3900 N CAUSEWAY BLVD
 STE 1470
 METAIRIE LA 70002
 US

2. Principal Place of Business

1001 Samy Drive
 Suite, Apt. #, etc.

3. Mailing Address

1001 Samy Drive
 Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-6142215

Applied For

Not Applicable

Zip

33613

Country

USA

Zip

33613

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL J
 4244 W TENNESSEE STREET # 303
 TALLAHASSEE FL 32304-1033

7. Name and Address of New Registered Agent

Name: Fraser Cobbe
 Street Address (P.O. Box Number is Not Acceptable): 1001 Samy Drive
 City: Tampa FL Zip Code: 33613

8. 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: *Fraser Cobbe* Fraser Cobbe, Executive Director DATE: 2/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, WAYNE P. MD	
STREET ADDRESS	1717 NORTH 'E' STREET, #534	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CATANZARO, ROBERT J MD	
STREET ADDRESS	4725 N FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KAGAN, ABBOTT II MD	
STREET ADDRESS	8710 COLLEGE PARKWAY	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	COLE, J. DEAN MD	
STREET ADDRESS	1118 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAHEY, MARK MD	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD. # 400	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	MAL	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MARK	
STREET ADDRESS	BOX 016900	
CITY-ST-ZIP	MIAMI FL 33301	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kagan, Abbott II, MD	
STREET ADDRESS	8710 College Parkway	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cole, J. Dean, MD	
STREET ADDRESS	1118 S. Orange Ave	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	2nd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaley, Mark, MD	
STREET ADDRESS	3334 Capital Medical Blvd. #400	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaffe, Edward, MD	
STREET ADDRESS	770 S.W. 2nd Ave. Ste. 360	
CITY-ST-ZIP	Guinesville, FL 32601	
TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coble Fraser	
STREET ADDRESS	1001 Samy Drive	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fraser Cobbe* **SIGNATURE REQUIRED** Fraser Cobbe, Executive Director 2/19/02 813-269-7720
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)