

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701654

**FILED**  
**Apr 21, 2004**  
**Secretary of State**

**Entity Name:** THE FLORIDA ORTHOPEDIC SOCIETY, INC.

**Current Principal Place of Business:**

1001 SAMY DRIVE  
TAMPA, FL 33613 US

**New Principal Place of Business:**

17503 MALLARD COURT  
LUTZ, FL 33559 US

**Current Mailing Address:**

1001 SAMY DRIVE  
TAMPA, FL 33613 US

**New Mailing Address:**

17503 MALLARD COURT  
LUTZ, FL 33559 US

**FEI Number:** 59-6142215      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COBBE, FRASER  
1001 SAMY DRIVE  
TAMPA, FL 33613 US

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

COBBE, FRASER  
17503 MALLARD COURT  
LUTZ, FL 33559 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: \_\_\_\_\_ Date: 04/21/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: JAFFE, EDWARD MD  
Address: 720 SW 2ND AVE, SUITE 360  
City-St-Zip: GAINESVILLE, FL 32601

Title: PD ( ) Delete  
Name: KAGAN, ABBOTT II MD  
Address: 8710 COLLEGE PARKWAY  
City-St-Zip: FT. MYERS, FL 33919

Title: 1VP ( ) Delete  
Name: COLE, J. DEAN MD  
Address: 1118 S. ORANGE AVE  
City-St-Zip: ORLANDO, FL 32806

Title: 2VP ( ) Delete  
Name: FAHEY, MARK MD  
Address: 3334 CAPITAL MEDICAL BLVD. # 400  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ED ( ) Delete  
Name: COBBE, FRASER  
Address: 1001 SAMY DRIVE  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: ROUTMAN, ALAN MD  
Address: 5601 NORTH DIXIE HIGHWAY, #210  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: 2VP (X) Change ( ) Addition  
Name: JAFFE, EDWARD MD  
Address: 720 SW 2ND AVENUE, STE 360  
City-St-Zip: GAINESVILLE, FL 32601

Title: PD (X) Change ( ) Addition  
Name: COLE, J. DEAN MD  
Address: 1118 S. ORANGE AVE  
City-St-Zip: ORLANDO, FL 32806

Title: 1VP (X) Change ( ) Addition  
Name: FAHEY, MARK MD  
Address: 3334 CAPITAL MEDICAL BLVD. # 400  
City-St-Zip: TALLAHASSEE, FL 32308

Title: ED (X) Change ( ) Addition  
Name: COBBE, FRASER  
Address: 17503 MALLARD COURT  
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRASER COBBE      ED      04/21/2004  
Electronic Signature of Signing Officer or Director      Date