

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701654

FILED
Jan 31, 2007
Secretary of State

Entity Name: THE FLORIDA ORTHOPEDIC SOCIETY, INC.

Current Principal Place of Business:

17503 MALLARD COURT
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

17503 MALLARD COURT
LUTZ, FL 33559 US

New Mailing Address:

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
17503 MALLARD COURT
LUTZ, FL 33559 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: 2VP () Delete
Name: ROUTMAN, ALAN MD
Address: 5601 NORTH DIXIE HIGHWAY, #210
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: 1VP () Delete
Name: JAFFE, EDWARD MD
Address: 720 SW 2ND AVENUE, STE 360
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: BOLHOFNER, BRETT MD
Address: 4600 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change () Addition
Name: ROUTMAN, ALAN MD
Address: 5601 NORTH DIXIE HIGHWAY, #210
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: ST (X) Change () Addition
Name: HUTTON, PATRICK MD
Address: 454 BLANDING BLVD. STE A
City-St-Zip: ORANGE PARK, FL 32073

Title: 2VP (X) Change () Addition
Name: BOLHOFNER, BRETT MD
Address: 4600 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/31/2007

Electronic Signature of Signing Officer or Director

Date