

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701654

FILED  
Jan 14, 2009  
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: P ( ) Delete  
Name: ROUTMAN, ALAN MD  
Address: 5601 NORTH DIXIE HIGHWAY, #210  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: 2VP ( ) Delete  
Name: HUTTON, PATRICK MD  
Address: 454 BLANDING BLVD, STE A  
City-St-Zip: ORANGE PARK, FL 32073

Title: 1VP ( ) 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

Title: T ( ) Delete  
Name: WONG, ANDREW MD  
Address: 3334 CAPITAL MEDICAL BLVD. #400  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

Title: 1VP (X) Change ( ) Addition  
Name: HUTTON, PATRICK MD  
Address: 454 BLANDING BLVD, STE A  
City-St-Zip: ORANGE PARK, FL 32073

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

Title: T (X) Change ( ) Addition  
Name: BRIGHT, ADAM MD  
Address: 7309 PINE NEEDLE ROAD  
City-St-Zip: SARASOTA, FL 34242

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

Title: 2VP (X) Change ( ) Addition  
Name: WONG, ANDREW MD  
Address: 3334 CAPITAL MEDICAL BLVD. #400  
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify 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

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date