

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701654

FILED
Apr 21, 2011
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
Name: ZIEGLER, BRIAN MD
Address: 830 EXECUTIVE LANE STE 120
City-St-Zip: ROCKLEDGE, FL 32955

Title: PP
Name: HUTTON, PATRICK MD
Address: 454 BLANDING BLVD, STE A
City-St-Zip: ORANGE PARK, FL 32073

Title: T
Name: SUK, MICHAEL MD
Address: 655 WEST 8TH STREET, ACC BLDG, 2ND FLOOR
City-St-Zip: JACKSONVILLE, FL 32209

Title: 1VP
Name: BRIGHT, ADAM MD
Address: 7309 PINE NEEDLE ROAD
City-St-Zip: SARASOTA, FL 34242

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

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

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

ED

04/21/2011

Electronic Signature of Signing Officer or Director

Date