

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701654

FILED  
Apr 05, 2012  
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: 1VP  
Name: ZIEGLER, BRIAN MD  
Address: 830 EXECUTIVE LANE STE 120  
City-St-Zip: ROCKLEDGE, FL 32955

Title: 2VP  
Name: DEW, DOUGLAS MD  
Address: 6500 WEST CRILL AVENUE  
City-St-Zip: PALATKA, FL 32177

Title: T  
Name: WASYLIK, MICHAEL MD  
Address: 2919 SWANN AVENUE SUITE 201  
City-St-Zip: TAMPA, FL 33609

Title: P  
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: PP  
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

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date