

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768605

FILED
Mar 21, 2008
Secretary of State

Entity Name: MIAMI ORTHOPAEDIC SOCIETY, INC.

Current Principal Place of Business:

1172 S DIXIE HIGHWAY, STE. 357
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1172 S DIXIE HIGHWAY, STE. 357
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-1736480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, ROBERT M ESQ
4000 HOLLYWOOD BLVD
485-SOUTH
HOLLYWOOD, FL 33021 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: S () Delete
Name: REICHNER, GAYLE
Address: 1172 S DIXIE HIGHWAY, STE. 357
City-St-Zip: CORAL GABLES, FL 33146 US

Title: PD () Delete
Name: HECHTMAN, KEITH DR
Address: 1172 S DIXIE HIGHWAY, STE. 357
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VPD () Delete
Name: MONTANE, ISMAEL DR
Address: 1172 S DIXIE HIGHWAY, STE. 357
City-St-Zip: CORAL GABLES, FL 33146 US

Title: TD () Delete
Name: FERNANDEZ, RAFAEL DR
Address: 1172 S DIXIE HIGHWAY, STE. 357
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: GAYLE REICHNER

S

03/21/2008

Electronic Signature of Signing Officer or Director

Date