

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768605

FILED
Apr 18, 2010
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:

10656 NW 16TH COURT
PLANTATION, FL 33322 US

Current Mailing Address:

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

New Mailing Address:

10656 NW 16TH COURT
PLANTATION, FL 33322 US

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
Name: REICHNER, GAYLE
Address: 1172 S DIXIE HIGHWAY, STE. 357
City-St-Zip: CORAL GABLES, FL 33146 US

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

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

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

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: GAYLE REICHNER

S

04/18/2010

Electronic Signature of Signing Officer or Director

Date