2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# 768605

Entity Name: MIAMI ORTHOPAEDIC SOCIETY, INC.

Current Principal Place of Business:

10656 NW 16TH COURT
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

10656 NW 16TH COURT
PLANTATION, FL 33322 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
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 DIR 02/16/2011
Electronic Signature of Signing Officer or Director Date