

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005310

FILED
Apr 06, 2008
Secretary of State

Entity Name: FLORIDA ORTHOPAEDIC POLITICAL ACTION COMMITTEE, 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: 59-3744874

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: D () Delete
Name: COLE, J. DEAN
Address: 2501 N. ORANGE AVENUE, STE 340
City-St-Zip: ORLANDO, FL 32804

Title: T () Delete
Name: COBBE, FRASER
Address: 17503 MALLARD COURT
City-St-Zip: LUTZ, FL 33559

Title: D (X) Delete
Name: GREENSPOON, JEFFREY
Address: 205 E. NASA BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: WASYLIK, MICHAEL
Address: 2919 SWANN AVE., #201
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: ROUTMAN, ALAN
Address: 5601 N. DIXIE HWY., STE. 210
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: C () Delete
Name: BOROM, ANDREW
Address: 3334 CAPITAL MEDICAL BLVD, STE 200
City-St-Zip: TALLAHASSEE, FL 32308

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:

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City-St-Zip:

Title: () Change () Addition
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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: FRASER COBBE

T

04/06/2008

Electronic Signature of Signing Officer or Director

Date