

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701654

**FILED**  
**Apr 29, 2020**  
**Secretary of State**  
**4424441125CC**

**Entity Name:** THE FLORIDA ORTHOPEDIC SOCIETY, INC.

**Current Principal Place of Business:**

21013 LAKE VIENNA DRIVE  
LAND O'LAKES, FL 34638

**Current Mailing Address:**

21013 LAKE VIENNA DRIVE  
LAND O'LAKES, FL 34638 US

**FEI Number:** 59-6142215

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COBBE, FRASER  
21013 LAKE VIENNA DRIVE  
LAND O'LAKES, FL 34638 US

*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

**Officer/Director Detail :**

Title ED  
Name COBBE, FRASER  
Address 21013 LAKE VIENNA DRIVE  
City-State-Zip: LAND O LAKES FL 34638

Title PAST PRESIDENT  
Name CHANDLER, DAVID  
Address 1040 GULF BREEZE PKWY  
STE 208  
City-State-Zip: GULF BREEZE FL 32561

Title PRESIDENT  
Name LYONS, STEVEN  
Address 13020 TELECOM PARKWAY NORTH  
City-State-Zip: TEMPLE TERRACE FL 33637

Title 1ST VICE PRESIDENT  
Name LUCIE, R. STEVEN  
Address 1325 SAN MARCO BLVD  
200  
City-State-Zip: JACKSONVILLE FL 32207

Title 2ND VICE PRESIDENT  
Name FARMER, KEVIN  
Address PO BOX 112727  
City-State-Zip: GAINESVILLE FL 32611

Title SECRETARY  
Name HALPERIN, LAWRENCE  
Address 25 W. CRYSTAL LAKE STREET  
STE 200  
City-State-Zip: ORLANDO FL 32806

*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

**EXECUTIVE DIRECTOR**

**04/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date