

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701654

FILED
Apr 13, 2016
Secretary of State
CC3384592613

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 TREASURER
Name CANIZARES, GEORGE MD
Address 4600 4TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33703

Title PAST PRESIDENT
Name WASYLIK, MICHAEL MD
Address 2919 SWANN AVENUE SUITE 201
City-State-Zip: TAMPA FL 33609

Title 1VP
Name NORDT, JOHN MD
Address 4720 LEJEUNE ROAD
City-State-Zip: CORAL GABLES FL 33146

Title ED
Name COBBE, FRASER
Address 17503 MALLARD COURT
City-State-Zip: LUTZ FL 33559

Title PRESIDENT
Name LAVERNIA, CARLOS MD
Address 3659 SOUTH MIAMI AVENUE
 STE 4008
City-State-Zip: MIAMI FL 33133

Title 2VP
Name CHANDLER, DAVID
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

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

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date