

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701654

FILED
Apr 10, 2019
Secretary of State
5769822412CC

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

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

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

Title 1ST VICE PRESIDENT
Name LYONS, STEVEN
Address 13020 TELECOM PARKWAY NORTH
City-State-Zip: TEMPLE TERRACE FL 33637

Title 2ND VICE PRESIDENT
Name LUCIE, R. STEVEN
Address 1325 SAN MARCO BLVD
200
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name FARMER, KEVIN
Address PO BOX 112727
City-State-Zip: GAINESVILLE FL 32611

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

04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date