

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701654

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC1337455790**

**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 2VP  
Name CANIZARES, GEORGE MD  
Address 4600 4TH STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33703

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

Title 1VP  
Name CHANDLER, DAVID  
Address 1215 EAST ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

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

*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**

**04/28/2017**

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

\_\_\_\_\_  
Date