

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 701654

Entity Name: THE FLORIDA ORTHOPEDIC SOCIETY, INC.

Current Principal Place of Business:

319 SOUTH GLEN ARVEN AVENUE
TEMPLE TERRACE, FL 33617

Current Mailing Address:

319 SOUTH GLEN ARVEN AVENUE
TEMPLE TERRACE, FL 33617 US

FEI Number: 59-6142215

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COBBE, FRASER
319 SOUTH GLEN ARVEN AVENUE
TEMPLE TERRACE, FL 33617 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 319 SOUTH GLEN ARVEN AVENUE
City-State-Zip: TEMPLE TERRACE FL 33617

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

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

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

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

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

07/31/2020

Electronic Signature of Signing Officer/Director Detail

Date