

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003569

Entity Name: INTERNATIONAL GERIATRIC FRACTURE SOCIETY INC.**Current Principal Place of Business:**21013 LAKE VIENNA DRIVE
LAND O'LAKES, FL 34638**Current Mailing Address:**218 EAST BEARSS AVENUE
#410
TAMPA, FL 33613**FEI Number:** 45-4977007**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 SUK, MICHAEL MD
Address 100 NORTH ACADEMY AVENUE
City-State-Zip: DANVILLE PA 17822

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

Title DIRECTOR
Name BALSAMO, TONY
Address 144 WILDFLOWER DRIVE
City-State-Zip: WILKES BARRE PA 18702

Title DIRECTOR
Name CRIST, BRETT
Address ONE HOSPITAL DRIVE
City-State-Zip: COLUMBIA MO 65212

Title PRESIDENT
Name MEARS, SIMON MD
Address 4301 W MARKHAM ST
City-State-Zip: LITTLE ROCK AR 72205

Title VP
Name NANA, ARVIND
Address 800 5TH AVENUE
400
City-State-Zip: FORT WORTH TX 76104

Title DIRECTOR
Name BUKATA, SUSAN
Address 1250 16TH STREET
G130
City-State-Zip: SANTA MONICA CA 90404

Title DIRECTOR
Name DELL, RICHARD
Address 9353 E IMPERIAL HWY
City-State-Zip: DOWNEY CA 90242

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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****03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title TREASURER
Name MENDELSON, DANIEL
Address 1000 SOUTH AVE
City-State-Zip: ROCHESTER NY 14620

Title DIRECTOR
Name SWITZER, JULIE
Address 640 JACKSON STREET
 MS 11503L
City-State-Zip: ST PAUL MN 55101

Title DIRECTOR
Name MEINBERG, ERIC
Address 2550 23RD STREET
 BUILDING 9, 2ND FLOOR
City-State-Zip: SAN FRANCISCO CA 94110

Title DIRECTOR
Name REYES, BERNARDO
Address 2950 CLEVELAND CLINIC BLVD
City-State-Zip: WESTON FL 33331