

2018 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:**1215 EAST ROBINSON STREET
ORLANDO, FL 32801 US**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 MEARS, SIMON MD
Address 4301 W MARKHAM ST
City-State-Zip: LITTLE ROCK AR 72205

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

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

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

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

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

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

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

Continues on page 2

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****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name REYES, BERNARDO
Address 1215 EAST ROBINSON STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name STEWART, RENA
Address 1118 HAMPSHIRE STREET
City-State-Zip: QUINCY IL 62301

Title DIRECTOR
Name METER, JEFFREY
Address 1000 ASYLUM AVENUE
4307
City-State-Zip: HARTFORD CT 06105

Title DIRECTOR
Name QUATMAN, CARMEN
Address 543 TAYLOR AVENUE
City-State-Zip: COLUMBUS OH 43203