

2014 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	KATES, STEPHEN MD
Address	601 ELMWOOD AVENUE
City-State-Zip:	ROCHESTER NY 14642

Title	VP
Name	MEARS, SIMON MD
Address	4716 ALLIANCE BLVD 600
City-State-Zip:	PLANO TX 75093

Title	TREASURER
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	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

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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****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

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

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