

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003569

Entity Name: INTERNATIONAL GERIATRIC FRACTURE SOCIETY INC.**Current Principal Place of Business:**319 S GLEN ARVEN AVENUE
TEMPLE TERRACE, FL 33617**Current Mailing Address:**522 S HUNT CLUB BLVD
#412
APOPKA, FL 32703 US**FEI Number:** 45-4977007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBBE, FRASER
319 S 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 S GLEN ARVEN AVENUE
City-State-Zip:	TEMPLE TERRACE FL 33617

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

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

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

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

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****04/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name MOLLER, HANS
Address 13980 S W TOOZE RD
City-State-Zip: SHERWOOD OR 97140