

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000043410

FILED  
Oct 11, 2013  
Secretary of State

**Entity Name:** ORTHOPEDIC CENTER OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

ORTHOPEDIC CENTER  
4801 SOUTH CONGRESS AVE.  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

ORTHOPEDIC CENTER  
4801 SOUTH CONGRESS AVE.  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

**FEI Number:** 57-1162559      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOHN, MARVIN M.D.  
4801 SOUTH CONGRESS AVENUE  
SUITE 301  
LAKE WORTH, FL 33461 US

**Name and Address of New Registered Agent:**

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: MARVIN KOHN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: KOHN, MARVIN A M.D.  
Address: 4801 S. CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: DR.  
Name: GARY, RICHMAN M M.D.  
Address: 4801 S. CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: DR.  
Name: ROSENFELD, JEFFREY S M.D.  
Address: 4801 S. CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: DR.  
Name: LEVIN, JOHN S D.P.M.  
Address: 4801 S. CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: DR.  
Name: CLANCY, JAMES T D.P.M.  
Address: 4801 S CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: DR.  
Name: MATARAZZO, MARC F M.D.  
Address: 4801 S CONGRESS AVENUE  
City-St-Zip: LAKE WORTH, FL 33461 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARVIN KOHN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR.

10/11/2013

\_\_\_\_\_  
Date