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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



1. Corporation Name
PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

DOCUMENT #
V32353 (7)

Mailing Address
**3401 P.G.A. Boulevard
PALM BEACH GARDENS, FL
33410**

Principal Place of Business
**3401 P.G.A. Boulevard
PALM BEACH GARDENS, FL
33410**

If above addresses are incorrect in any way, use this space to correct information and enter correction below

2. Mailing Address 21	2a. Principal Place of Business 26	3. Date Incorporated or Qualified 04/29/1992	3a. Date of Last Report 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0327403	Accred For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
Zip 24	Country 29	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WARD, PHILLIP H., III 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name JOEL REINSTEIN, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD 83 SUITE 801 84 City BOCA RATON, FL 85 Zip Code 33486
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11. Pursuant to the provisions of Sections 607.0502 and 607.1509 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/8/95**

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS			
1.1 TITLE	V/P	1.1 NAME	COOK, FRANK F.	1.1 TITLE	D/P	1.1 NAME	THEBAUT, BEN R. JR.
1.2 NAME		1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	1411 N. FLAGLER DRIVE	1.3 STREET ADDRESS	WEST PALM BEACH FL	1.3 STREET ADDRESS		1.3 STREET ADDRESS	3401 P.G.A. BOULEVARD, SUITE 500
1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
2.1 TITLE	P	2.1 TITLE		2.1 TITLE	D/VP	2.1 NAME	CAMPBELL, DAVID R.
2.2 NAME		2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	1411 N. FLAGLER DRIVE	2.3 STREET ADDRESS	WEST PALM BEACH FL	2.3 STREET ADDRESS		2.3 STREET ADDRESS	3401 P.G.A. BOULEVARD, SUITE 500
2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
3.1 TITLE	S	3.1 TITLE		3.1 TITLE	D/VP	3.1 NAME	DIAZ, ROBERT L.
3.2 NAME		3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS	1411 N. FLAGLER DRIVE	3.3 STREET ADDRESS	WEST PALM BEACH FL	3.3 STREET ADDRESS		3.3 STREET ADDRESS	3401 P.G.A. BOULEVARD, SUITE 500
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
4.1 TITLE	D	4.1 TITLE		4.1 TITLE	D/T	4.1 NAME	BAYNHAM, G. CLAY
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS	1411 N. FLAGLER DRIVE	4.3 STREET ADDRESS	WEST PALM BEACH, FL	4.3 STREET ADDRESS		4.3 STREET ADDRESS	3401 P.G.A. BOULEVARD, SUITE 500
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410
5.1 TITLE	D	5.1 TITLE		5.1 TITLE	S 7D	5.1 NAME	BURDETT, ARTHUR C.
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS	1411 N. FLAGLER DRIVE	5.3 STREET ADDRESS	WEST PALM BEACH, FL	5.3 STREET ADDRESS		5.3 STREET ADDRESS	1411 N. FLAGLER DRIVE
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401
6.1 TITLE	D	6.1 TITLE		6.1 TITLE		6.1 NAME	[DELETE COONEY]
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS	1411 N. FLAGLER DRIVE	6.3 STREET ADDRESS	WEST PALM BEACH, FL	6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I have fulfilled all obligations concerning unsecured creditors imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation; that I am the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **G. CLAY BAYNHAM, TREASURER** 6/8/95 407/694-6910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCC 6-9-95