

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V32353** (7)

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



Principal Place of Business: **3401 P.G.A. BOULEVARD PALM BEACH GARDENS FL 33410**
Mailing Address: **3401 P.G.A. BOULEVARD PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified: **04/29/1992**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **65-0327403**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**REINSTEIN, JOEL
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DP THEBAUT, JR., BEN R <input type="checkbox"/> DELETE
NAME	THEBAUT, JR., BEN R
STREET ADDRESS	3401 P.G.A. BLVD., STE. 500
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	DVP CAMPBELL, DAVID R <input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, DAVID R
STREET ADDRESS	3401 P.G.A. BLVD., STE. 500
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	DVP DIAZ, ROBERT L <input checked="" type="checkbox"/> DELETE
NAME	DIAZ, ROBERT L
STREET ADDRESS	3401 P.G.A. BLVD., STE. 500
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	DT BAYNHAM, CLAY G <input type="checkbox"/> DELETE
NAME	BAYNHAM, CLAY G
STREET ADDRESS	3401 P.G.A. BLVD., STE. 500
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	SD BURDETT, ARTHUR C <input type="checkbox"/> DELETE
NAME	BURDETT, ARTHUR C
STREET ADDRESS	1411 N. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thebaut, Jr. Ben R.
1.3 STREET ADDRESS	3401 PGA Blvd Ste 500
1.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410
2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	G. Scott Drumheller M.D.
2.3 STREET ADDRESS	3401 PGA Blvd Ste 500
2.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Baynham, G. Clay
4.3 STREET ADDRESS	3401 PGA Blvd Ste 500
4.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cook, Frank F. M.D.
6.3 STREET ADDRESS	3401 PGA Blvd Ste 500
6.4 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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; 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **4/26/96** Daytime Phone: **407-694-7776**

CR2E034 (12/95)