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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33410-2823
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/29/1992	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc. Suite 500	26 Suite, Apt. #, etc. Suite 500	4. FEI Number 65-0327403	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REINSTEIN, JOEL
 5355 TOWN CENTER ROAD
 SUITE 001
 BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DV	THEBAUT, JR., BEN R	3401 P.G.A. BLVD.,STE. 500	PALM BEACH GARDENS FL	
DT	DRUMHELLER, G. S M.D.	3401 P.G.A. BLVD.,STE. 500	PALM BEACH GARDENS FL	
DP	COOK, FRANK F M.D.	3401 P.G.A. BLVD.,STE. 500	PALM BEACH GARDENS FL	
DV	BAYNHAM, G. C	3401 P.G.A. BLVD.,STE. 500	PALM BEACH GARDENS FL	
SD	BURDETT, ARTHUR C	1411 N. FLAGLER DRIVE	WEST PALM BEACH FL 33401	
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appointment with an address.

SIGNATURE _____

CP2E034 (9/96)