

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>3401 P.G.A. BOULEVARD                  STE #500                  PALM BEACH GARDENS FL 33410                  US</b>	Mailing Address <b>3401 P.G.A. BOULEVARD                  STE #500                  PALM BEACH GARDENS FL 33410                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/29/1992</b>	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0327403</b>	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	29	30	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**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 Name **PHILIP H. WARD, III**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4420 Beacon Circle, Suite 100**  
 83  
 84 City **West Palm Beach, FL** 85 Zip Code **33407**

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 *[Signature]* **Philip H. Ward, III** DATE **4-28-98**

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 attachment with an address.

SIGNATURE *[Signature]* **G. S. Drumheller** DATE **4-28-98**

CR2E034 (10/97)