

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90120 029 ***150.00

DOCUMENT # V32353

1. Entity Name

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

Principal Place of Business

**3401 P.G.A. BOULEVARD
 STE #500
 PALM BEACH GARDENS FL 33410
 US**

Mailing Address

**3401 P.G.A. BOULEVARD
 STE #500
 PALM BEACH GARDENS FL 33410
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0327403

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WARD, PHILLIP H 111
 4420 BEACIN CIR
 SUITE 100
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMPBELL, DAVID MD 1004 S OLD DIXIE HWY STE 350 JUPITER FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WAXMAN, BRUCE MD 3401 P.G.A. BLVD.,STE. 500 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COONEY, MICHAEL MD 3401 P.G.A. BLVD.,STE. 500 PALM BEACH GARDENS FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOK, FRANK F M.D. 3401 P.G.A. BLVD.,STE. 500 WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BURDETT, ARTHUR C 1411 N FLAGLER DR STE 9800 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEXLER, GARY MD 3401 PGA BLVD STE 500 WEST PALM BEACH FL 33410 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Leighton, Michael MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3401 PGA BVLS STE 500 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **FRANK F COOK MD** **4-23-02** **561 694 7226**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)