


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT #V32353
1. Entity Name
PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.



Principal Place of Business Mailing Address
3401 P.G.A. BOULEVARD 3401 P.G.A. BOULEVARD
STE #500 STE #500
PALM BEACH GARDENS, FL 33410 US PALM BEACH GARDENS, FL 33410 US

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0327403 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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

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04/29/04-80025-018 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: FRANK F. COOK MD, PRES, 4-26-04 Date 561 694 7776 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR