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May 01, 2006 8:00 am
Secretary of State


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2006 FOR PROFIT CORPORATION ANNUAL REPORT

60032749



04272008 Chg-P CR2E034 (11/05)

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	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0327403		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, PHILLIP H 111 4420 BEACON CIR SUITE 100 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name MARTIN A. DYTRACH, CPA Street Address (P.O. Box Number is Not Acceptable) 500 UNIVERSITY DRIVE, SUITE 215 City Jupiter FL Zip Code 33458	
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when applicable) DATE: 4/27/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Election Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS BAYNHAM, BRETT O MD 1004 S OLD DIXIE HWY STE 350 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP LEIGHTON, MICHAEL MD 3401 P.G.A. BLVD., STE. 500 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP BAYNHAM, G CLAY MD 3401 P.G.A. BLVD., STE. 500 WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP BURDETT, APT 4UR C 1411 N FLAGLER DR STE 9800 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP WEXLER, GARY MD 3401 PGA BLVD STE 500 WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date: 4/28/06 Daytime Phone #	