

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32353

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0327403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DYTRYCH, MARTIN A CPA  
500 UNIVERSITY DRIVE  
SUITE 215  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: BAYNHAM, BRET O MD  
Address: 1004 S OLD DIXIE HWY STE 350  
City-St-Zip: JUPITER, FL 33458

Title: DT      ( ) Delete  
Name: WAXMAN, BRUCE MD  
Address: 3401 P.G.A. BLVD.,STE. 500  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DP      ( ) Delete  
Name: LEIGHTON, MICHAEL MD  
Address: 3401 P.G.A. BLVD.,STE. 500  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVP      ( ) Delete  
Name: BAYNHAM, G. CLAY MD  
Address: 3401 P.G.A. BLVD.,STE. 500  
City-St-Zip: WEST PALM BEACH, FL 33410

Title: DVP      (X) Delete  
Name: BURDETT, ARTHUR C  
Address: 1411 N FLAGLER DR STE 9800  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVP      ( ) Delete  
Name: WEXLER, GARY MD  
Address: 3401 PGA BLVD STE 500  
City-St-Zip: WEST PALM BEACH, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LEIGHTON

DP

04/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date