

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32353

FILED  
Feb 22, 2010  
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:**

BIZUB, BRIAN CEO  
3401 PGA BLVD.  
SUITE 500  
PALM BEACH GARDENS, FL 33410 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  
**Name:** COONEY, MICHAEL MD  
**Address:** 3401 PGA BLVD, STE 500  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** DT  
**Name:** FOWBLE, VINCENT MD  
**Address:** 3401 P.G.A. BLVD.,STE. 500  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** DP  
**Name:** SIMOVITCH, RYAN MD  
**Address:** 3401 P.G.A. BLVD.,STE. 500  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** DVP  
**Name:** ESTES, MELISA MD  
**Address:** 3401 P.G.A. BLVD.,STE. 500  
**City-St-Zip:** WEST PALM BEACH, FL 33410

**Title:** DVP  
**Name:** SELTZER, ANDREW DO  
**Address:** 3401 PGA BLVD STE 500  
**City-St-Zip:** WEST PALM BEACH, FL 33410

I hereby 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 all other like empowered.

SIGNATURE: RYAN SIMOVITCH

DP

02/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date