

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32353

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

Current Principal Place of Business:

4215 BURNS ROAD, SUITE 100
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4215 BURNS ROAD, SUITE 100
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-0327403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANDRADAT, PRIYA CFO
4215 BURNS ROAD
SUITE 200
PALM BEACH GARDENS, FL 33410 US

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: PRIYA CHANDRADAT

05/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name NORRIS, SCOTT DO
Address 4215 BURNS ROAD, SUITE 200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name LEIGHTON, MICHAEL MD
Address 4215 BURNS ROAD, SUITE 200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY
Name MICHAEL COONEY, MD
Address 4215 BURNS ROAD
 STE #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name ANDREW NOBLE, MD
Address 4215 BURNS ROAD
 STE #200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name SELTZER, ANDREW DO
Address 4215 BURNS ROAD, SUITE 100
City-State-Zip: PALM BEACH GARDENS 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: PRIYA CHANDRADAT

CFO

05/12/2020

Electronic Signature of Signing Officer/Director Detail

Date