

**2015 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:**

BIZUB, BRIAN CEO  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DT  
Name FOWBLE, VINCENT MD  
Address 4215 BURNS ROAD, SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DP  
Name SIMOVITCH, RYAN 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

*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

**CONTROLLER**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date