2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J20366

1. Entity Name
PALM BEACH SPORTSMEDICINE AND ORTHOPAEDIC CENTER, P.A.

Principal Place of Business	Mailing Address
4440 BEACON CIRCLE, #100 W. PALM BCH., FL 33407	4440 BEACON CIRCLE, #100 W. PALM BCH., FL 33407

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CRZE034 (11/05)

4. FEI Number
59-2686544
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZANE, JEFFREY P ESQ
4800 RIVERSIDE DR
STE 101
PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KIRVIN, JAMES J., III
STREET ADDRESS	4800 RIVERSIDE DR #101
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	V
NAME	COHEN, JOEL
STREET ADDRESS	4800 RIVERSIDE DR #101
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	ACKERMAN, GARY N
STREET ADDRESS	4800 RIVERSIDE DR # 101
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000423617
02/18/06-80016-003 150.00

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: _____ (561) 845-6000 X211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #