

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J20366

FILED  
Jan 07, 2009  
Secretary of State

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

## Current Principal Place of Business:

4440 BEACON CIRCLE, #100  
W. PALM BCH., FL 33407

## New Principal Place of Business:

4440 BEACON CIRCLE,  
#100  
WEST PALM BEACH, FL 33407

## Current Mailing Address:

4440 BEACON CIRCLE, #100  
W. PALM BCH., FL 33407

## New Mailing Address:

4440 BEACON CIRCLE  
#100  
WEST PALM BEACH, FL 33407

FEI Number: 59-2686544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ZANE, JEFFREY P ESQ  
4100 RCA BLVD.  
STE 100  
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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: KIRVIN, JAMES J III  
Address: 4100 RCA BLVD, #100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V ( ) Delete  
Name: COHEN, JOEL  
Address: 4100 RCA BLVD, #100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S ( ) Delete  
Name: ACKERMAN, GARY N  
Address: 4100 RCA BLVD #100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KIRVIN III, JAMES J  
Address: 4100 RCA BLVD, #100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V (X) Change ( ) Addition  
Name: COHEN, JOEL E  
Address: 4100 RCA BLVD, #100  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES J. KIRVIN III

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date