2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# J20366

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
4100 RCA BLVD.
STE 110
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

OFFICERS AND DIRECTORS:

Title: P
Name: KIRVIN III, JAMES J
Address: 4100 RCA BLVD, #110
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V
Name: COHEN, JOEL E
Address: 4100 RCA BLVD, #110
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S/T
Name: ACKERMAN, GARY N
Address: 4100 RCA BLVD #110
City-St-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: JAMES J. KIRVIN III, M.D. PRES 02/15/2012

Electronic Signature of Signing Officer or Director — Date