

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000094192

FILED
Jul 18, 2011
Secretary of State**Entity Name:** PALMS WEST ORTHOPEDIC & NEUROLOGY ASSOCIATES, LLC**Current Principal Place of Business:**12959 PALMS WEST DRIVE
SUITE 110
LOXAHATCHEE, FL 33470**New Principal Place of Business:****Current Mailing Address:**880 NW 13TH STREET
SUITE 2A
BOCA RATON, FL 33486**New Mailing Address:**12959 PALMS WEST DRIVE
SUITE 110
LOXAHATCHEE, FL 33470**FEI Number:** 27-3451510**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BATTAGLIOLA, HENRY DC
4910 NW 54TH STREET
COCONUT CREEK, FL 33073 US**Name and Address of New Registered Agent:**DAVID GOLDFINGER MD PA
11985 SOUTHERN BLVD
SUITE 201
ROYAL PALM BEACH, FL 33411 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: DAVID GOLDFINGER

07/18/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DAVID GOLDFINGER MD PA
Address: 11985 SOUTHERN BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR
Name: MARANTE, ALBERTO MD
Address: 17105 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID GOLDFINGER MD

MGR

07/18/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date