

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000094192

FILED
Jul 14, 2012
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:

12959 PALMS WEST DRIVE
SUITE 110
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 27-3451510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARENSTEIN, JON
7438 SAINT ANDREWS ROAD
LAKE WORTH, FL 33467 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

MANAGING MEMBERS/MANAGERS:

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

Title: MGR
Name: ARENSTEIN, JON MD
Address: 7438 SAINT ANDREWS ROAD
City-St-Zip: LAKE WORTH, FL 33467

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: JON ARENSTEIN MD

MGR

07/14/2012

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