

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000009165

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH ORTHOPAEDIC ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

2580 METRO CENTRE BLVD., W.  
SUITE 1  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

2580 METRO CENTRE BLVD., W.  
SUITE 1  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 65-0379248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICES OF JEFF COHEN, P.A.  
909 SE 5TH AVENUE  
SUITE 200  
DELRAY BEACH, FL 33483 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:** MGRM  
**Name:** BRAIN AND SPINE CENTER, LLC  
**Address:** 2580 METRO CENTRE BLVD W., SUITE 1  
**City-St-Zip:** WEST PALM BEACH, FL 33407

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: RAFAEL FOSS

MM

05/01/2012

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