

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011320

FILED  
Feb 07, 2007  
Secretary of State

**Entity Name:** PALM BEACH SHOULDER AND SPORTS MEDICINE FOUNDATION, INC.

**Current Principal Place of Business:**

4521 PGA BLVD., #176  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

107 BENT TREE DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4521 PGA BLVD., #176  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 20-5717561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROUTMAN, HOWARD  
107 BENT TREE DR  
PALM BEACH GARDENS, FL 33418      US

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

ROUTMAN, HOWARD D  
107 BENT TREE DR  
PALM BEACH GARDENS, FL 33418      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: DR. HOWARD D. ROUTMAN

02/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROUTMAN, HOWARD  
Address: 107 BENT TREE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D ( ) Delete  
Name: JALAEIKHOO, JOY  
Address: 3148 SANTA MARGARITA RD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D ( ) Delete  
Name: NORRIS, NICOLE  
Address: 140 SEGOVIA WAY  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: ROUTMAN, HOWARD D  
Address: 107 BENT TREE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MBA (X) Change ( ) Addition  
Name: JALAEIKHOO, JOY  
Address: 3148 SANTA MARGARITA RD  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MSN (X) Change ( ) Addition  
Name: NORRIS, NICOLE  
Address: 140 SEGOVIA WAY  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD D. ROUTMAN

DR

02/07/2007

Electronic Signature of Signing Officer or Director

Date