

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011320

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

107 BENT TREE DRIVE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

4521 PGA BLVD
SUITE #176
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 (X)

Name and Address of Current Registered Agent:

ROUTMAN, HOWARD D
1216 12 TERRACE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

ROUTMAN, HOWARD D
1216 12TH TERRACE
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: _____

Electronic Signature of Registered Agent

02/18/2009

Date

OFFICERS AND DIRECTORS:

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

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

Title: MSN () 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: 1216 12TH TERRACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

DR

02/18/2009

Date