

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAR 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003353**

1. Corporation Name

PALM BEACH ORTHOPEDIC AND SPINAL RESEARCH FOUNDATION, INC.

Principal Place of Business

**2828 S SEACREST BLVD
207
BOYNTON BEACH FL 33435
US**

Mailing Address

**7015 BERACASA WAY
STE. 201
BOCA RATON FL 33433**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/05/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0507677
City & State	City & State	Applied For
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	6. Election Campaign Financing Trust Fund Contribution

9. Name and Address of Current Registered Agent

**WALSER, THOMAS C ESQ.
7015 BERACASA WAY
STE. 201
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIDELSON, STEWART	1.2 NAME	
STREET ADDRESS	2828 S SEACREST BLVD #207	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LEE	2.2 NAME	
STREET ADDRESS	2828 S SEACREST BLVD #207	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITHURST, MICHAEL DR	3.2 NAME	
STREET ADDRESS	2828 S SEACREST BLVD #207	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/99 561-395-5733

0043910

CR2E037 (11/98)