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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 MAR 29 MM 9: 07

DOCUMENT # N9400003353				SECREMAN OF STATE TALLAMASCHE, FLORIDA			
PALM BEACH ORTHOPEDIC AND SPINAL RESEARCH FOUNDA TION, INC.				IALLES Victorials			
Principal Plac	e of Business	Mailing Address					
2828 S SEACREST BLVD 7015 BERACASA WAY					I Shankal his iself bibli shiri shiri shiri bari bari shiri s		1 B11 86 (111 136)
207 STE. 201							
BOYNTON BEACH FL 33435 BOCA RATON FL 33433				(
US					XX		
2 Principal D	does of Business	2a. Mailing Address			Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address 26					06/05/1994		
21 25					4. FEI Number		Applied For
22					65-0507677	+-	Not Applicable
City & Stat	8	City & State					Additional
23		28			5. Certifcate of Status Desired		Required
Zip	Country		Country		6. Election Campaign Financing	\$5.00	May Be
24	25	29 30			Trust Fund Contribution		d to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
J			81	Name			J
WALSER, THOMAS C ESQ.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
7015 BERACASA WAY			83				
STE. 201			03				1
BOCA RA	TON FL 33433		84	City		85 Zir	Code
11 Bumusal	to the provisions of Continue 617 0500	and 647 1508 Florido Statutos th			Fi		4
office or r	egistered agent, or both, in the State of	Florida. Such change was author	ized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as i	registered
1	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida t	Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if acolicable (NOTE: Regis	stered Apeni	1 signature required	when reinstaling)		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND		stered Agent	1 signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
		DIRECTORS		1 signature required		ND DIRECT	
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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 if 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 of the receiver of 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 on an attachment with an eddress, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR