

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069350

FILED
Apr 19, 2011
Secretary of State

Entity Name: PALM ORTHOPAEDIC INSTITUTE, INC.

Current Principal Place of Business:

1501 FOREST HILL BLVD.
STE 101
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1501 FOREST HILL BLVD.
STE 101
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 55-0791030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMRO, RENA R
1501 FOREST HILL BLVD.
STE. 101
WEST PALM BEACH, FL 33406 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

OFFICERS AND DIRECTORS:

Title: PVST
Name: AMRO, RENA R
Address: 1501 FOREST HILL BLVD. STE 101
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D
Name: AMRO, RENA R
Address: 1501 FOREST HILL BLVD STE 101
City-St-Zip: WEST PALM BEACH, FL 33406 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RENA AMRO

MGR

04/19/2011

Electronic Signature of Signing Officer or Director

Date