


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90036 001 ***150.00

DOCUMENT # P03000043410					
1. Entity Name ORTHOPEDIC CENTER OF PALM BEACH COUNTY, INC.					
Principal Place of Business 54 NE 4TH AVE. DELRAY BCH, FL 33483			Mailing Address 54 NE 4TH AVE. DELRAY BCH, FL 33483		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 57-1162559	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COHEN, JEFFREY L 54 NE 4TH AVE. DELRAY BCH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEVIN, JOHN S 4801 S. CONGRESS AVE. LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ZEIDE, MICHAEL 4801 S. CONGRESS AVE. LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOHN, MARVIN A 4801 S. CONGRESS AVE. LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHALAL, JOSEPH B 4801 S. CONGRESS AVE. LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CLANCY, JAMES T 4801 S. CONGRESS AVE. LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DONAGHUE, LOUIS F 4801 S. CONGRESS AVE. LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ JOSEPH B. CHALAL, M.D., PRESIDENT			3/20/06 561-967-6500 Date Daytime Phone		

ATTACHMENT

20023031

CONTINUATION SHEET
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #P03000043410

11. ADDITIONAL DIRECTORS/OFFICERS AND ADDITIONS/CHANGES TO OFFICERS
AND DIRECTORS

Title Name Street Address City-St-Zip	<input type="checkbox"/> Delete D AS* Press, Jeffrey A. 4801 S. Congress Avenue Lake Worth, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D AS Rathey, Theresa F. 4801 S. Congress Avenue Lake Worth, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D AS Chang, Steven C. 4801 S. Congress Avenue Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D AS Martin, Gregory 4801 S. Congress Avenue Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

*Assistant Secretary

ATTACHMENT
20023031
STRAWN, MONAGHAN & COHEN, P.A.

54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FLORIDA 33483
Attorneys and Counselors

JEFFREY L. COHEN*
TIMOTHY E. MONAGHAN
ELIZABETH L. STRAWN
JOEL T. STRAWN

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5101 N.W. 21st Avenue, Suite 440
Ft. Lauderdale, Florida 33309
(954) 484-0016

Of Counsel:
TERRY MEEK*
*Board Certified in Health Care Law

P.O. Box 13441
Tallahassee, Florida 32317-3341
(904) 893-7821

March 27, 2006

Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: *Orthopedic Center of Palm Beach County, Inc.*
Document Number P03000043410

Ladies and Gentlemen:

Enclosed for filing please find the 2006 Annual Report for the above-referenced corporation. Also enclosed is a check payable to the Department of State in the amount of \$150.00 in payment of the filing fee.

If you have any questions, please call me.

Very truly yours,


Jeffrey L. Cohen

Enclosures

cc: Joseph B. Chalal, M.D.

K:\-other\Chalal Group\New PA\div-corporations ann rep 2006.wpd
March 27, 2006