2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# P03000043410

Entity Name: ORTHOPEDIC CENTER OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

ORTHOPEDIC CENTER
4801 SOUTH CONGRESS AVE.
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

ORTHOPEDIC CENTER
4801 SOUTH CONGRESS AVE.
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 57-1162559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHN, MARVIN M.D.
4801 SOUTH CONGRESS AVENUE
SUITE 301
LAKE WORTH, FL 33461 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: D ( ) Delete
Name: KOHN, MARVIN A M.D.
Address: 4801 S. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: RATTEY, THERESA E M.D.
Address: 4801 S. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: ROSENFIELD, JEFFREY S M.D.
Address: 4801 S. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: LEVIN, JOHN S D.P.M.
Address: 4801 S. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: CLANCY, JAMES T D.P.M.
Address: 4801 S CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D ( ) Delete
Name: MATARAZZO, MARC F M.D.
Address: 4801 S CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 3341 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: MARVIN A KOHN, M.D. D 06/17/2009

Electronic Signature of Signing Officer or Director — Date