

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043410

FILED
Mar 05, 2012
Secretary of State

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: DR.
Name: KOHN, MARVIN A M.D.
Address: 4801 S. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

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

Title: DR.
Name: ROSENFELD, JEFFREY S M.D.
Address: 4801 S. CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 US

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

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

Title: DR.
Name: MATARAZZO, MARC F M.D.
Address: 4801 S CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL 33461 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: MARVIN KOHN

DR.

03/05/2012

Electronic Signature of Signing Officer or Director

Date

P03000043410
3-5-12

Toner, Sean

From: Michele Kirkland <Michele.Kirkland@OCPBC.com>
Sent: Monday, March 05, 2012 10:53 AM
To: Toner, Sean
Subject: FEIN 57-1162559

Sean-

RE: 2012 Filing of Annual Report P03000043410

We need to add two officers to bring the total to 8.

Dr. Gerard D'Ariano, MD
4801 S Congress Ave
Lake Worth, FL 33461

Dr. Gary Richman, MD
4801 S Congress Ave
Lake Worth, FL 33461

Can you do so? There was not a place for me to do that.

Sincerely,
Michele Kirkland
Orthopedic Center of Palm Beach County
4801 S. Congress Ave
Lake Worth, FL 33461
Direct (561) 340-1333
Main (561) 967-6500 x1422
Fax (561) 340-1324

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