2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P06000089658

Entity Name: PERFORMANCE ORTHOPEDICS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

7593 BOYNTON BEACH BLVD
SUITE 280
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

7593 BOYNTON BEACH BLVD
SUITE 280
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 20-5194878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHALAL, JOSEPH DR.
31 ANNA STREET
OCEAN RIDGE, FL 33435 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CHALAL, JOSEPH DR.
Address: 31 ANNA STREET
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOSEPH CHALAL DR 01/06/2009

Electronic Signature of Signing Officer or Director Date