

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089658

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** PREFERRED ORTHOPEDICS OF THE PALM BEACHES, P.A.

**Current Principal Place of Business:**

7593 BOYNTON BEACH BLVD  
SUITE 280  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

7593 BOYNTON BEACH BLVD  
SUITE 280  
BOYNTON BEACH, FL 33437 UN

**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

**OFFICERS AND DIRECTORS:**

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

**Title:** V  
**Name:** ZEIDE, MICHAEL  
**Address:** 7593 BOYNTON BEACH BLVD, STE 280  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** S  
**Name:** WHITAKER, BARBARA  
**Address:** 7593 BOYNTON BEACH BLVD, STE 280  
**City-St-Zip:** BOYNTON BEACH, FL 33437

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: BARBARA WHITAKER

S

01/06/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date