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Secretary of State
04-02-2007 90056 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000117222

1. Entity Name
PALM BEACH COUNTY SPINE SURGEONS SOCIETY, INC.

Principal Place of Business	Mailing Address
209 DISC DRIVE BOYNTON BEACH FL 33436	209 DISC DRIVE BOYNTON BEACH, FL 33436

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302007 Chg-P CR2E034 (12/06)

4. FEI Number 36-4607337 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EIDELSON, STEWART M.D. 209 DISC DRIVE BOYNTON BEACH, FL 33436	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EIDELSON, STEWART M.D.	NAME	
STREET ADDRESS	1401 NW 9TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MATOS, RICARDO M.D.	NAME	
STREET ADDRESS	4800 LINTON BLVD., SUITE 201	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERNYHOUGH, JEFFREY M.D.	NAME	
STREET ADDRESS	1805 CLINT MOORE ROAD, SUITE 309	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHANG, STEVEN M.D.	NAME	
STREET ADDRESS	4801 SOTUTH CONGRESS AVENUE,, SUITE 400	STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS, FL 33461	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIMON, ROBERT M.D.	NAME	
STREET ADDRESS	701 NORTH LAKE BLVD., SUITE 208	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABRAM, LEE M.D.	NAME	
STREET ADDRESS	950 NW 9TH COURT	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	

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: _____ 3-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #