


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000117222	
1. Entity Name PALM BEACH COUNTY SPINE SURGEONS SOCIETY, INC.	

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

1st MOORE CR2E034 (10/07)

4. FEI Number 36-4607337		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EIDELSON, STEWART M.D. 209 DISC DRIVE BOYNTON BEACH FL 33436		7. Name and Address of New Registered Agent 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 completing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EIDELSON, STEWART M.D. 1401 NW 9TH AVENUE BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000085224 04/18/08-80005-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MATOS, RICARDO M.D. 4800 LINTON BLVD., SUITE 201 DELRAY BEACH FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FERNYHOUGH, JEFFREY M.D. 1905 CLINT MOORE ROAD, SUITE 309 BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHANG, STEVEN M.D. 4801 SOUTH CONGRESS AVENUE., SUITE 400 ATLANTIS FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMON, ROBERT M.D. 701 NORTH LAKE BLVD., SUITE 208 NORTH PALM BEACH FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ABRAM, LEE M.D. 950 NW 9TH COURT BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-2-08** **Date** **By electronic filing #**