

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000000876

FILED
Jan 08, 2007
Secretary of State

Entity Name: PALM BEACH ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

603 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

603 VILLAGE BLVD.
SUITE 300
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0379248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHBANE, BRUCE M M.D.
603 VILLAGE BLVD.
SUITE 300
WEST PALM BCH., FL 33409 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: FISHBANE, BRUCE M MD
Address: 603 VILLAGE BLVD., SUITE 300
City-St-Zip: WEST PALM BEACH, FL 33409

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 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: BRUCE M. FISHBANE

PRES

01/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date