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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000072548

1. Corporation Name PALM BEACH ORTHOPEDIC TRAUMA, INC.

Principal Place of Business 840 U.S. HWY. 1 SUITE 400 NORTH PALM BEACH FL 33408

Mailing Address 840 U.S. HWY. 1 SUITE 400 NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1993
4. FEI Number 65-0443848
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business
2a. Mailing Address
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

9. Name and Address of Current Registered Agent
LICHTBLAU AND GOLDENBERG, P.A.
631 U.S. HWY ONE, SUITE 306
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P WEINER, RICHARD L 840 U.S. HWY. 1, SUITE 400 NORTH PALM BEACH FL 33408

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: Daytime Phone #

CR2E034 (1/98)