

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072548

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: PALM BEACH ORTHOPEDIC TRAUMA, INC.

**Current Principal Place of Business:**

733 US 1  
SUITE 400  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

733 US 1  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

733 US 1  
SUITE 400  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

733 US 1  
NORTH PALM BEACH, FL 33408

FEI Number: 65-0443848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LICHTBLAU AND GOLDENBERG, P.A.  
631 U.S. HWY ONE, SUITE 306  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

LICHTBLAU AND GOLDENBERG, P.A.  
3300 PGA BLVD.  
SUITE 700  
PALM BEACH GARDENS, FL 33410 US

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: RICHARD L. WEINER, M.D.

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: WEINER, RICHARD L  
Address: 840 U.S. HWY. 1, SUITE 400  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: WEINER, RICHARD L  
Address: 733 U.S. HIGHWAY ONE  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: RICHARD L. WEINER, M.D.

DR.

04/16/2007

Electronic Signature of Signing Officer or Director

Date