

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072548

FILED
Feb 04, 2008
Secretary of State

Entity Name: PALM BEACH ORTHOPEDIC TRAUMA, INC.

Current Principal Place of Business:

733 US 1
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

733 US 1
NORTH PALM BEACH, FL 33408

New Mailing Address:

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.
3300 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 33410 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: DR. () Delete
Name: WEINER, RICHARD L
Address: 733 U.S. HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR () Change (X) Addition
Name: SASLOW, STEVEN R D.O.
Address: 733 US HIGHWAY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: DIR () Change (X) Addition
Name: SCHNEIDER, ANDREW I M.D.
Address: 733 US HWY ONE
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify 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.

DIR

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date