

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072548

**FILED**  
**Jan 06, 2011**  
**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:**

733 US HWY 1  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

733 US 1  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

733 US HWY ONE  
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.  
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

**OFFICERS AND DIRECTORS:**

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

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

Title: DIR  
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 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 all other like empowered.

SIGNATURE: RICHARD L. WEINER, M.D.

DIR

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date