

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90019 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000032716			
1. Corporation Name CENTER FOR BONE & JOINT SURGERY OF THE PALM BEACHES, P.A.			
Principal Place of Business 10131 W. FORREST HILL BLVD. STE. 202 WEST PALM BEACH FL 33414 US		Mailing Address 10131 W. FORREST HILL BLVD. STE. 202 WEST PALM BEACH FL 33414 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country
25	26	27	28
29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CHERRY, RICHARD G ESQ. 1888 PALM BEACH LAKES BLVD. STE. 600 WEST PALM BEACH FL 33401		81 Name Davis, Richard T. Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 250 Australian Avenue S 83 Suite 1601 84 City West Palm Beach FL 85 Zip Code 33401	
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 <i>Richard T. Davis</i>		DATE <i>5/10/99</i>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
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TITLE	NAME	2.1 TITLE	2.2 NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)