2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004
Secretary of State

DOCUMENT# P94000032716

Entity Name: CENTER FOR BONE & JOINT SURGERY OF THE PALM BEACHES, P.A.

Current Principal Place of Business:

10131 W. FORREST HILL BLVD.
STE. 202
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

10131 W. FORREST HILL BLVD.
STE. 202
WEST PALM BEACH, FL 33414 US

New Mailing Address:

FEI Number: 65-0491293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, RICHARD T ESQ.
250 AUSTRALIAN AVE S.
STE 1601
WEST PALM BEACH, FL 33401

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTIJO, HARVEY MD
Address: 10131 W. FOREST HILL BLVD., SUITE 230
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VP ( ) Delete
Name: YEE, GARVIN MD
Address: 10131 W. FOREST HILL BLVD- STE 202
City-St-Zip: WEST PALM BEACH, FL 33414

Title: S ( ) Delete
Name: WAELTZ, MARK
Address: 10131 W. FOREST HILL BLVD- STE 202
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARVEY MONTIJO P 06/09/2004

Electronic Signature of Signing Officer or Director Date