

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90021 005 ***150.00

DOCUMENT # P94000032716					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0491293	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, RICHARD T ESQ. 250 AUSTRALIAN AVE S. STE 1601 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name <u>Davis, Richard T Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>901 N. Olive Ave.</u> City <u>WPB</u> <u>FL</u> Zip Code <u>33401</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTIJO, HARVEY MD 10131 W. FOREST HILL BLVD., SUITE 230 WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Veronica Pedro-Alexander MD 10131 W. Forest Hill Blvd. Ste. 230 Wellington, FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YEE, GARVIN MD 10131 W. FOREST HILL BLVD- STE 202 WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Mikolajczak DO 10131 W. Forest Hill Blvd. Ste. 230 Wellington, FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAELTZ, MARK 10131 W. FOREST HILL BLVD- STE 202 WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose R. Ortega MD 10131 W. Forest Hill Blvd. Ste 230 Wellington, FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACEVEDO, JORGE MD 10131 W FOREST HILL BLVD STE 230 WEST PALM BEACH, FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Enrique Palmer MD 10131 W Forest Hill Blvd Ste 230 Wellington, FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert E. Lins MD 10131 W. Forest Hill Blvd Ste 230 Wellington, FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Milan DiGiulio MD 10131 West Forest Hill Blvd Ste. 230 Wellington, FL 33414	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>Feb 28 08</u> Daytime Phone # _____		

1:51 PM
02/21/08

Center for Bone & Joint Surgery
Additional Director's List

ATTACHMENT 40038212
P94000032716

Additional Directors	Address	Title
Robert Rochman MD	10131 W. Forest Hill Blvd. Ste. 230 Wellington, FL 33414	Director
Nicholas Sama MD	10132 W. Forest Hill Blvd. Ste. 230 Wellington, FL 33414	Director