

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032716

FILED
Jan 26, 2010
Secretary of State

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 ()**

Name and Address of Current Registered Agent:

DAVIS, RICHARD T ESQ
901 N. OLIVE AVE
WEST PALM BEACH, FL 33401 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: P
Name: MONTIJO, HARVEY MD
Address: 10131 W. FOREST HILL BLVD., SUITE 230
City-St-Zip: WEST PALM BEACH, FL 33414

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

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

Title: T
Name: ACEVEDO, JORGE MD
Address: 10131 W FOREST HILL BLVD STE 230
City-St-Zip: WEST PALM BEACH, FL 33414

Title: C
Name: SIMPSON, DAVID MD
Address: 10131 W FOREST HILL BLVD STE 230
City-St-Zip: WELLINGTON, FL 33414

Title: C
Name: BOTELHO, GEORGE MD
Address: 10131 W FOREST HILL BLVD STE 230
City-St-Zip: WELLINGTON, FL 33414

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: HARVEY MONTIJO MD

P

01/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date