2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032716

FILED Feb 22, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

10131 W. FORREST HILL BLVD. 10131 W FOREST HILL BLVD

STE 230 STE. 202

WEST PALM BEACH, FL 33414 US WELLINGTON, FL 334146109 US

Current Mailing Address: New Mailing Address:

10131 W. FORREST HILL BLVD. 10131 W FOREST HILL BLVD

STE. 202 STE 230 WEST PALM BEACH, FL 33414

US WELLINGTON, FL 334146109 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, RICHARD T ESQ 901 N. OLIVE AVE

WEST PALM BEACH, FL 33401 US

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:

MONTIJO, HARVEY MD Name:

10131 W FOREST HILL BLVD., SUITE 230 Address:

City-St-Zip: WELLINGTON, FL 334146109

Title: VΡ

Name: YEE, GARVIN MD

10131 W FOREST HILL BLVD SUITE 230 Address:

WELLINGTON, FL 334146109 City-St-Zip:

Title:

WAELTZ, MARK A Name:

10131 W FOREST HILL BLVD STE 230 Address: City-St-Zip: WELLINGTON, FL 334146109

Title:

ACEVEDO, JORGE I MD Name:

Address: 10131 W FOREST HILL BLVD STE 230

City-St-Zip: WELLINGTON, FL 334146109

Title:

Name: SIMPSON, DAVID R MD

10131 W FOREST HILL BLVD STE 230 Address:

City-St-Zip: WELLINGTON, FL 33414

Title:

Name: DESSER, DANA R MD

10131 W FOREST HILL BLVD STE 230 Address: City-St-Zip: WELLINGTON, FL 334146109

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: JOSEPH SAMA MGR 02/22/2011 Center for Bone and Joint Surgery of the Palm Beaches, P.A. 10131 W. Forest Hill Blvd. Suite 230, Wellington, FL 33414 Phone: 561-798-6600 Tax ID: 65-0491293

Harvey Montijo, MD

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Dana R. Desser, DO

Chairman

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