2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

DOCUMENT# P96000018351

Entity Name: NORTHWEST BROWARD ORTHOPAEDIC ASSOCIATES, P.A.

Current Principal Place of Business:

5901 COLONIAL DRIVE
#201
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

5901 COLONIAL DRIVE
#201
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 65-0647199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINKES, ELLIOT W
5901 COLONIAL DR # 201
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

HINKES, ELLIOTT W
5901 COLONIAL DR # 201
MARGATE, FL 33063 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: ELLIOTT W. HINKES M.D. 04/18/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: HINKES, ELLIOTT M.D.
Address: 5901 COLONIAL DR # 201
City-St-Zip: MARGATE, FL 33063

Title: VP
Name: KELLY, MICHAEL A MD PHD
Address: 5901 COLONIAL DRIVE # 201
City-St-Zip: MARGATE, FL 33063

Title: ST
Name: FLETCHER, BRUCE MD
Address: 5901 COLONIAL DRIVE # 201
City-St-Zip: MARGATE, FL 33063

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: ELLIOTT W. HINKES, M.D. PRES 04/18/2012
Electronic Signature of Signing Officer or Director Date