

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000096588

1. Entity Name  
 SOUTH PALM ORTHOPEDICS, P.A.



Principal Place of Business  
 4800 LINTON BLVD  
 BLDG A  
 DELRAY BEACH, FL 33445 US

Mailing Address  
 4800 LINTON BLVD  
 BLDG A  
 DELRAY BEACH, FL 33445 US



02032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0710981 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHALTER, DAVID N M.D.  
 4800 LINTON BLVD  
 BLDG A  
 DELRAY BEACH, FL 33445

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000229681  
 02/15/05-80006-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUCHALTER, DAVID N M.D.
STREET ADDRESS	4800 LINTON BLVD BLDG A
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	VP
NAME	MEADOWS, STEVE MD
STREET ADDRESS	4800 LINTON BLVD #A
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*David Buchalter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05  
 Date

501-466622  
 Daytime Phone #