

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 05, 2011
Secretary of State

Entity Name: SOUTH PALM ORTHOPEDICS, P.A.

Current Principal Place of Business:

4800 LINTON BLVD
BLDG A
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BLVD
BLDG A
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 65-0710981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: BUCHALTER, DAVID N M.D.
Address: 4800 LINTON BLVD BLDG A
City-St-Zip: DELRAY BEACH, FL

Title: VP
Name: MEADOWS, STEVE MD
Address: 4800 LINTON BLVD #A
City-St-Zip: DELRAY BEACH, FL 33445

Title: SECY
Name: WEISZ, RUSSELL
Address: 4800 LINTON BLVD
City-St-Zip: DELRAY BEACH, FL 33445

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: DAVID BUCHALTER

P

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date