2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# P97000108256

Entity Name: WEST BROWARD ORTHOPAEDICS & SPINE, P.A.

Current Principal Place of Business:

201 NW 82ND AVENUE
SUITE 102
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

201 NW 82ND AVENUE
SUITE 102
PLANTATION, FL 33324

New Mailing Address:

PO BOX 268747
WESTON, FL 33326

FEI Number: 65-0801622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHECHTER, NEIL A
1470 VICTORIA ISLE DRIVE
WESTON, FL 33327 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: DR
Name: SCHECHTER, NEIL A
Address: 1470 VICTORIA ISLE DRIVE
City-St-Zip: WESTON, FL 33327

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: NEIL SCHECHTER MD 01/11/2011

Electronic Signature of Signing Officer or Director Date