

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108256

FILED
Mar 06, 2012
Secretary of State

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:

600 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Current Mailing Address:

PO BOX 268747
WESTON, FL 33326

New Mailing Address:

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:

SCHECHTER, NEIL A
600 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

03/06/2012

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: SCHECHTER, NEIL A
Address: 600 SOUTH PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

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

03/06/2012

Electronic Signature of Signing Officer or Director

Date