

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036578

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** HAND SURGERY INSTITUTE, INC.

**Current Principal Place of Business:**

1000 45TH STREET, SUITE 2  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

4700 N. CONGRESS AVE  
SUITE 100  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

1000 45TH STREET, SUITE 2  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

4700 N. CONGRESS AVE  
SUITE 100  
WEST PALM BEACH, FL 33407

FEI Number: 65-0837976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANLON, M. TIMOTHY  
321 ROYAL POINCIANA PLAZA  
PALM BEACH, FL 33480 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: D  
Name: ACOSTA, ROBERTO J M.D.  
Address: 4700 N. CONGRESS AVE, SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33407

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: ROBERTO J. ACOSTA M.D.

PRES

03/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date