

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90044 003 ***150.00

DOCUMENT # **V32353**

1. Corporation Name

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

Principal Place of Business

**3401 P.G.A. BOULEVARD
STE #500
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**3401 P.G.A. BOULEVARD
STE #500
PALM BEACH GARDENS FL 33410
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1992

4. FEI Number

65-0327403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WARD, PHILLIP H 111
4420 BEACIN CIR
SUITE 100
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☒ DELETE

NAME **THEBAUT, JR., BEN R**
STREET ADDRESS **3401 P.G.A. BLVD., STE. 500**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **DT** ☒ DELETE

NAME **DRUMHELLER, G. S M.D.**
STREET ADDRESS **3401 P.G.A. BLVD., STE. 500**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **DP** ☐ DELETE

NAME **COOK, FRANK F M.D.**
STREET ADDRESS **3401 P.G.A. BLVD., STE. 500**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **DV** ☒ DELETE

NAME **BAYNHAM, G. C**
STREET ADDRESS **3401 P.G.A. BLVD., STE. 500**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **SD** ☐ DELETE

NAME **BURDETT, ARTHUR C**
STREET ADDRESS **1411 N. FLAGLER DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D VP** ☐ Change ☒ Addition

1.2 NAME **Campbell, David MD**
1.3 STREET ADDRESS **1004 S. Old Dixie Hwy STE 350**
1.4 CITY-ST-ZIP **Jupiter, Fl. 33458**

2.1 TITLE **D T** ☐ Change ☒ Addition

2.2 NAME **Waxman, Bruce MD**
2.3 STREET ADDRESS **3401 PGA Blvd Ste 500**
2.4 CITY-ST-ZIP **Palm Beach Gardens, Fl. 33410**

3.1 TITLE **D S** ☐ Change ☒ Addition

3.2 NAME **Cooney, Michael MD**
3.3 STREET ADDRESS **3401 PGA Blvd Ste 500**
3.4 CITY-ST-ZIP **Palm Beach Gardens, Fl. 33410**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D C** ☒ Change ☐ Addition

5.2 NAME **Burdett, Arthur MD**
5.3 STREET ADDRESS **1411 N. Flagler Dr. Ste 9800**
5.4 CITY-ST-ZIP **West Palm Beach, Fl. 33401**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplement annual 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED. COOK, F. D.

3/25/99

561-694-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)