

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90415 003 ***150.00

DOCUMENT # V32353

1. Entity Name

PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0327403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
 NAME **CAMPBELL, DAVID MD**
 STREET ADDRESS **1004 S OLD DIXIE HWY STE 350**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **WAXMAN, BRUCE MD**
 STREET ADDRESS **3401 P.G.A. BLVD., STE. 500**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **COONEY, MICHAEL MD**
 STREET ADDRESS **3401 P.G.A. BLVD., STE. 500**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☒ Change ☐ Addition
 NAME **COONEY, MICHAEL MD**
 STREET ADDRESS **3401 PGA BLVD., STE 500**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL. 33410**

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

TITLE ☐ Change ☒ Addition
 NAME **COOK, FRANK F. MD**
 STREET ADDRESS **3401 PGA BLVD STE 500**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL. 33410**

TITLE **DC** ☐ Delete
 NAME **BURDETT, ARTHUR C**
 STREET ADDRESS **1411 N FLAGLER DR STE 9800**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **BAYNHAM, BRET O. MD**
 STREET ADDRESS **3401 PGA BLVD STE 500**
 CITY-ST-ZIP **PALM BEACH GARDENS, FL. 33410**

13. 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 report or supplemental reports 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
FRANK F. COOK MD

4-20-00
 Date

561-694-7776
 Daytime Phone #

CT 14 (3/99)