

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90049 007 \*\*\*150.00

0280428

**DOCUMENT # V32353**

1. Entity Name

**PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.**

Principal Place of Business

Mailing Address

**3401 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 &amp; State

City &amp; 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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete     |
|---|-------------------------------------|
| DVP<br>CAMPBELL, DAVID MD<br>1004 S OLD DIXIE HWY STE 350<br>JUPITER FL 33458         | <input type="checkbox"/>            |
| DT<br>WAXMAN, BRUCE MD<br>3401 P.G.A. BLVD.,STE. 500<br>PALM BEACH GARDENS FL 33410   | <input type="checkbox"/>            |
| DS<br>COONEY, MICHAEL MD<br>3401 P.G.A. BLVD.,STE. 500<br>PALM BEACH GARDENS FL 33410 | <input type="checkbox"/>            |
| DP<br>BAYNHAM, G. C<br>3401 P.G.A. BLVD.,STE. 500<br>WEST PALM BEACH FL 33410         | <input checked="" type="checkbox"/> |
| DC<br>BURDETT, ARTHUR C<br>1411 N FLAGLER DR STE 9800<br>WEST PALM BEACH FL 33401     | <input type="checkbox"/>            |
| DV<br>BAYHAM, BRET O MD<br>3401 PGA BLVD STE 500<br>WEST PALM BEACH FL 33410          | <input checked="" type="checkbox"/> |

| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|---|--|
|   | <input type="checkbox"/>   |
|   | <input type="checkbox"/>   |
|   | <input type="checkbox"/>   |
| DP<br>COOK, FRANK F. M.D.<br>3401 PGA BLVD SUITE 500<br>Palm Beach Gardens, FL. 33410 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|   | <input type="checkbox"/>   |
| DVP<br>WEXLER, GARY M.D.<br>3401 PGA BLVD SUITE 500<br>Palm Beach Gardens, FL. 33410  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 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 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:

**Frank Cook, M.D. 4/25/01 561-694-7776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)