

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32353

FILED
Mar 31, 2008
Secretary of State

Entity Name: PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0327403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYTRYCH, MARTIN A CPA
500 UNIVERSITY DRIVE
SUITE 215
JUPITER, FL 33458 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BAYNHAM, BRET O MD
Address: 1004 S OLD DIXIE HWY STE 350
City-St-Zip: JUPITER, FL 33458

Title: DT () Delete
Name: WAXMAN, BRUCE MD
Address: 3401 P.G.A. BLVD.,STE. 500
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DP () Delete
Name: LEIGHTON, MICHAEL MD
Address: 3401 P.G.A. BLVD.,STE. 500
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVP () Delete
Name: BAYNHAM, G. CLAY MD
Address: 3401 P.G.A. BLVD.,STE. 500
City-St-Zip: WEST PALM BEACH, FL 33410

Title: DVP () Delete
Name: WEXLER, GARY MD
Address: 3401 PGA BLVD STE 500
City-St-Zip: WEST PALM BEACH, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LEIGHTON MD

DP

03/31/2008

Electronic Signature of Signing Officer or Director

Date