2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

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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:

BIZUB, BRIAN CEO
3401 PGA BLVD.
SUITE 500
PALM BEACH GARDENS, FL 33410 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: DS
Name: COONEY, MICHAEL MD
Address: 3401 PGA BLVD, STE 500
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DT
Name: FOWBLE, VINCENT MD
Address: 3401 P.G.A. BLVD.,STE. 500
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DP
Name: SIMOVITCH, RYAN MD
Address: 3401 P.G.A. BLVD.,STE. 500
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVP
Name: ESTES, MELISA MD
Address: 3401 P.G.A. BLVD.,STE. 500
City-St-Zip: WEST PALM BEACH, FL 33410

Title: DVP
Name: SELTZER, ANDREW DO
Address: 3401 PGA BLVD STE 500
City-St-Zip: WEST PALM BEACH, FL 33410

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: RYAN SIMOVITCH, MD DP 04/11/2012

Electronic Signature of Signing Officer or Director Date