

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000072548

Entity Name: PALM BEACH ORTHOPEDIC TRAUMA, INC.

Current Principal Place of Business:

733 US HWY 1
NORTH PALM BEACH, FL 33408

Current Mailing Address:

733 US HWY ONE
NORTH PALM BEACH, FL 33408

FEI Number: 65-0443848

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LICHTBLAU AND GOLDENBERG, P.A.
3300 PGA BLVD.
SUITE 700
PALM BEACH GARDENS, FL 33410 US

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

Officer/Director Detail :

Title DIR
Name WEINER, RICHARD LM.D.
Address 733 U.S. HIGHWAY ONE
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIR
Name SASLOW, STEVEN RD.O.
Address 733 US HIGHWAY ONE
City-State-Zip: NORTH PALM BEACH FL 33408

Title DIR
Name SCHNEIDER, ANDREW IM.D.
Address 733 US HWY ONE
City-State-Zip: NORTH PALM BEACH FL 33408

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: RICHARD WEINER

DIRECTOR

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date