

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000032716

Entity Name: CENTER FOR BONE & JOINT SURGERY OF THE PALM BEACHES, P.A.**FILED**
Feb 06, 2015
Secretary of State
CC4739110328**Current Principal Place of Business:**10131 FOREST HILL BLVD STE 230
WELLINGTON, FL 33414-6109**Current Mailing Address:**10131 FOREST HILL BLVD STE 230
WELLINGTON, FL 33414-6109 US**FEI Number: 65-0491293****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CAMERON, GLENN SESQ
901 N. OLIVE AVE
WEST PALM BEACH, FL 33401 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 PRESIDENT
Name MONTIJO, HARVEY MD
Address 10131 FOREST HILL BLVD. STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title VP
Name YEE, GARVIN MD
Address 10131 FOREST HILL BLVD STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title SECRETARY
Name WAELTZ, MARK A MD
Address 10131 FOREST HILL BLVD STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title CHAIRMAN
Name SIMPSON, DAVID R MD
Address 10131 FOREST HILL BLVD STE 230
City-State-Zip: WELLINGTON FL 33414

Title CHAIRMAN
Name DESSER, DANA R DO
Address 10131 FOREST HILL BLVD STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title CHAIRMAN
Name PEDRO-ALEXANDER, VERONICA MD
Address 10131 FOREST HILL BLVD. STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title CHAIRMAN
Name ORTEGA-GARCIA, JOSE R MD
Address 10131 FOREST HILL BLVD. STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title CHAIRMAN
Name LINS, ROBERT E MD
Address 10131 FOREST HILL BLVD. STE 230
City-State-Zip: WELLINGTON FL 33414-6109

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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: HARVEY MONTIJO**PRESIDENT****02/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name ROCHMAN, ROBERT A MD
Address 10131 FOREST HILL BLVD. STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title CHAIRMAN
Name PANCHAL, ANAND P DO
Address 10131 FOREST HILL BLVD STE 230
City-State-Zip: WELLINGTON FL 33414-6109

Title CHAIRMAN
Name SAMA, NICHOLAS MD
Address 10131 FOREST HILL BLVD. STE 230
City-State-Zip: WELLINGTON FL 33414-6109