

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036578

Entity Name: HAND SURGERY INSTITUTE, INC.

Current Principal Place of Business:

4700 N. CONGRESS AVE
SUITE 100
WEST PALM BEACH, FL 33407

Current Mailing Address:

4700 N. CONGRESS AVE
SUITE 100
WEST PALM BEACH, FL 33407

FEI Number: 65-0837976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480 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 D
Name ACOSTA, ROBERTO JM.D.
Address 4700 N. CONGRESS AVE, SUITE 100
City-State-Zip: WEST PALM BEACH FL 33407

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: ROBERTO J. ACOSTA

PRES

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date