

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V32353

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

Current Mailing Address:

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

FEI Number: 65-0327403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BIZUB, BRIAN CEO
3401 PGA BLVD.
SUITE 500
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 DT
Name FOWBLE, VINCENT MD
Address 3401 P.G.A. BLVD.,STE. 500
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title SECRETARY
Name MICHAEL COONEY, MD
Address 3401 P.G.A. BOULEVARD
STE #500
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name ANDREW NOBLE, MD
Address 3401 P.G.A. BOULEVARD
STE #500
City-State-Zip: PALM BEACH GARDENS 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: BRIAN BIZUB

CEO

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date