

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V32353

**Entity Name:** PALM BEACH ORTHOPAEDIC INSTITUTE, P.A.**Current Principal Place of Business:**4215 BURNS ROAD, SUITE 100  
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4215 BURNS ROAD, SUITE 100  
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 65-0327403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANDRADAT, PRIYA CFO  
4215 BURNS ROAD  
SUITE 200  
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:** PRIYA CHANDRADAT

04/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	NORRIS, SCOTT DO
Address	4215 BURNS ROAD, SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PRESIDENT
Name	LEIGHTON, MICHAEL MD
Address	4215 BURNS ROAD, SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	MICHAEL COONEY, MD
Address	4215 BURNS ROAD STE #200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	ANDREW NOBLE, MD
Address	4215 BURNS ROAD STE #200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PRESIDENT
Name	SELTZER, ANDREW DO
Address	4215 BURNS ROAD, SUITE 100
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:** PRIYA CHANDRADAT

CFO

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date