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PROFIT CORPORATION ANNUAL REPORT **1999** AMENDED

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 15 P 2:57

DOCUMENT # F53154

1. Corporation Name

Boca General and Family Medicine, P.A.

Principal Place of Business	Mailing Address
1590 N.W. 10th Avenue Suite 201 Boca Raotn. FL 33486 US	c/o Marilyn H. Otto, Esq. 125 Crawford Boulevard Boca Raton, FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-9-81

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2131367	Applied For / Not Applicable
21 1590 NW 10th Avenue	26 Marilyn H. Otto, P.A.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired [X]	$8.75 Additional Fee Required
22 Suite #304	27 125 Crawford Boulevard		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
23 Boca Raton, Florida	28 Boca Raton, FL		
Zip / Country	Zip / Country	8. This corporation owes the current year intangible Personal Property Tax. [ ] Yes [ ] No	
24 33486 25 USA	29 33432 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Otto, Marilyn H. 125 Crawford Boulevard Boca Raton, Florida 33432	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Otto, William S. 605 N.W. 10th Court Boca Raton, FL 33486 [X] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Smith, Andrew L: 1301 N.W. 13th Court Boca Raton, Florida 33486 [ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DPTS Smith, Andrew L. 1301 N.W. 13th Court Boca Raton, Florida 33486 [XX] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[ ] Change [ ] Addition
			FLORIDA284CRPT 3 -04/15/99--01056--009 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/13/99 56-391-2708
SIGNATURE & TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION TO SIGN Date Daytime Phone #
ANDREW L. SMITH, M.D.