

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G30905** (5)

1. Corporation Name

**PHYSICIANS SPECIALTY GROUP OF BOCA RATON, P.A.**

**FILED**

95 JAN 25 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% ROBERT E. SONNEBORN**  
 1401 NW 9TH AVE.  
 BOCA RATON FL 33486-1304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/25/1983** 3a. Date of Last Report **04/22/1994**  
 4. FEI Number **59-2268228** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**SONNEBORN, ROBERT E.**  
 1401 NW 9TH AVE.  
 BOCA RATON FL 33432

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>DP</b>
NAME	<b>SONNEBORN, ROBERT E.</b>
STREET ADDRESS	<b>4855 OXFORD WAY</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 00000</b>
TITLE	<b>DV</b>
NAME	<b>HEVERT, DAVID</b>
STREET ADDRESS	<b>801 MARBLE WAY</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>COLTON, ROBERT M.</b>
STREET ADDRESS	<b>4270 NW 24TH AVE</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>KRUMHOLTZ, SEBA</b>
STREET ADDRESS	<b>2658 N.W. 48TH STREET</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>STEINMETZ, DENNIS B</b>
STREET ADDRESS	<b>3145 ST JAMES DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>BLANKSTEIN, RONALD</b>
STREET ADDRESS	<b>22845 MERIDIANA DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BERGMAN, MARC</b>
1.3 STREET ADDRESS	<b>5612 N.W. 40TH AVE</b>
1.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33496</b>
2.1 TITLE	<b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HEVERT, DAVID</b>
2.3 STREET ADDRESS	<b>801 MARBLE WAY</b>
2.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33432</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/13/95** 409-368-3505