

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G30905 (5)**  
1. Corporation Name  
**PHYSICIANS SPECIALTY GROUP OF BOCA RATON, P.A.**



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

3. Date Incorporated or Qualified **03/25/1983** 3a. Date of Last Report **01/25/1995**  
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 28 Zip  
24 Country 29 Country 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SONNEBORN, ROBERT E.	
STREET ADDRESS	4855 OXFORD WAY	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HEVERT, DAVID	
STREET ADDRESS	801 MARBLE WAY	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLTON, ROBERT M.	
STREET ADDRESS	4270 NW 24TH AVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUMHOLTZ, SEBA	
STREET ADDRESS	2658 N.W. 48TH STREET	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEINMETZ, DENNIS B	
STREET ADDRESS	3145 ST JAMES DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLANKSTEIN, RONALD	
STREET ADDRESS	22645 MERIDIANA DR	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERGMAN, MARC	
1.3 STREET ADDRESS	5612 N.W. 40th Avenue	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33496	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cohen, Rodney	
2.3 STREET ADDRESS	6749 S. GRANDE DRIVE	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33433	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAMINETSKY, BERNARD	
3.3 STREET ADDRESS	7991 TENNYSON COURT	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33433	
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)(k), 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 or person 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.

SIGNATURE:

*Robert E. Sonneborn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 1-407-368-3505  
Date of Filing

CR2E034 (12/95)