FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 600318 (0)

1. Corporation Name

BOCA RATON MEDICAL GROUP, P.A.

Principal Place of Business	Mailing Address
2900 NO MILITARY TRL STE 240 BOCA RATON FL 33431 US	2900 NO MILITARY TRL STE 240 BOCA RATON FL 33431 US

2. Principal Place of Business — 21, 22, 23, 24, 25
2a. Mailing Address — 26, 27, 28, 29, 30

[illegible stamp] TALLAHASSEE, FLORIDA ... 47

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1967
3a. Date of Last Report: 03/23/1994
4. FEI Number: 59-1198808 — 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

9. Name and Address of Current Registered Agent

METZGER, CHARLES E
2900 NO MILITARY TRL
STE 240
BOCA RATON FL 33431

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	METZGER, CHARLES E
STREET ADDRESS	2900 NO MILITARY TRL, STE 240
CITY-ST-ZIP	BOCA RATON FL
TITLE	STD
NAME	KAUFMANN, JOHN J
STREET ADDRESS	2900 NO MILITARY TRL, STE 240
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — Change / Addition

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(1)(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.

SIGNATURE: William J. [illegible] MD — 4/28/95 — (407) 995-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0256886 CP