FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **600929** **(4)**

1. Corporation Name
BOCA SURGICAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
951 NW 13TH ST SUITE 1C BOCA RATON FL 33486-9368	951 NW 13TH ST SUITE 1C BOCA RATON FL 33486-9368

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/07/1969
3a. Date of Last Report: 04/22/1994

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

4. FEI Number: 59-1279764 ☐ 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

LIEBLER, FREDERICK B.
951 N.W. 13TH STREET
SUITE #1-C
BOCA RATON FL 33486-9368

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	LIEBLER, FREDERICK	1.2 NAME		
STREET ADDRESS	951 NW 13TH ST 1-C	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, GERALD R.	2.2 NAME		
STREET ADDRESS	951 NW 13TH ST 1-C	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	BIEHL, ALBERT G.	3.2 NAME		
STREET ADDRESS	951 NW 13TH ST 1-C	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	PORTERFIELD, LEE A.	4.2 NAME		
STREET ADDRESS	951 NW 13TH ST 1-C	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WULKAN, DAVID L.	5.2 NAME		
STREET ADDRESS	951 NW 13TH ST #1-C	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BARRON, JAMES R.	6.2 NAME		
STREET ADDRESS	951 NW 13TH ST., #1-C	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	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 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: Richard B. Lieblich 1/21/95 407-395-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

087600 CP