

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90086 047 ****61.25

DOCUMENT # 757196

1. Entity Name

BOCA RATON MEDICAL ARTS CENTER, INC.



Principal Place of Business

4281 NW 1ST AVE
BOCA RATON FL 33431
US

Mailing Address

4281 NW 1ST AVE
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2115176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEXLER, JERRY R.
951 NW 13TH STREET
BOCA RATON FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ECKELSON, ROBERT	
STREET ADDRESS	951 NW 13TH ST, SUITE 3B	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	EISENBERG, ROBERT	
STREET ADDRESS	951 NW 13TH ST, SUITE 4A	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	DTS	<input type="checkbox"/> Delete
NAME	WEXLER, JERRY	
STREET ADDRESS	951 NW 13TH ST, SUITE 5C	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARTGEZ, MANSOURIAN K	
STREET ADDRESS	951 NW 13TH ST SUITE 2B	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBUS, LINDA	
STREET ADDRESS	21926 TOWN PLACE DR	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, RAFAEL	
STREET ADDRESS	12007 NW 50TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLANZ, STEVEN M.	
STREET ADDRESS	4215 TRANQUILITY DR	
CITY-ST-ZIP	Highland Beach FL 33487	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Handwritten Signature] Robert Eckelson 2-1-06