

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

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

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