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CORPORATION
ANNUAL REPORT
1995



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

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J06619** (7)
MEDICAL ASSOCIATES OF WEST BOCA RATON, INC.

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DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2255 GLADES ROAD STE 416 BOCA RATON FL 33431 US**
Mailing Address: **TAX DEPT P O BOX 15309 DURHAM NC 27704 US**

3. Date incorporated or Qualified: **03/28/1986** 3a. Date of Last Report: **06/03/1994**
4. FEI Number: **58-1684294** 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**
7. This corporation has liability for foreign tax under 1375 Florida Statutes: Yes No

2. Period of Report: 21. State: **FL** 22. State: **FL** 23. City & State: **BOCA RATON FL** 24. City & State: **DURHAM NC** 25. City & State: **BOCA RATON FL** 26. City & State: **DURHAM NC** 27. City & State: **DURHAM NC** 28. City & State: **DURHAM NC** 29. City & State: **DURHAM NC** 30. City & State: **DURHAM NC**

9. Name and Address of Current Registered Agent: **C T CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**
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 777.02(2) and 607.1308 Florida Statutes, this 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 signing with full knowledge of the obligations of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN 1995	
NAME: PD LUCIBELLA, RICHARD	2255 GLADES RD STE 416 BOCA RATON FL	1. NAME: 2400 E. Commercial Blvd., Ste. 315 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
NAME: D SOLNIK, MIKE, M.D.	2255 GLADES RD STE 416 BOCA RATON FL	2. NAME: 2400 E. Commercial Blvd., Suite 315 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
NAME: VS BIRCH, WALTER E	2255 GLADES RD STE 416 BOCA RATON FL	3. NAME: 2400 E. Commercial Blvd., Suite 315 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: VIAS HARDISTER, SHAWN W	2255 GLADES RD STE 416 BOCA RATON FL	4. NAME: 2400 E. Commercial Blvd., Suite 315 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address
NAME: AS SNEDEKER, ANGELA M	2828 CROASDALE DR Durham, NC	5. NAME: 2400 E. Commercial Blvd., Suite 315 Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME: D RICHMAN, ANDREW	2255 GLADES RD STE 416 BOCA RATON FL	6. NAME: 2400 E. Commercial Blvd., Suite 315 Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address

14. I hereby certify that the information supplied with this filing is accurately believed and does not equally for the corporation stated in Section 1308 Florida Statutes. I further certify that the information indicated in the 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. I am an officer or director of the corporation or the receiver or trustee responsible to issue into this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 1 of Block 1 of this report or on any attachment with an address.

SIGNATURE: *Angela M. Sneaker* **Angela M. Sneaker 4-28-95 919-383-0355**
INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J06619

ATTACHMENT

**STATE OF FLORIDA
1995 CORPORATION ANNUAL REPORT**

**MEDICAL ASSOCIATES OF WEST BOCA RATON, INC.
DOCUMENT # J06619
FEIN: 58-1684294**

ADDITIONAL OFFICERS

TITLE	Director
NAME	Fernando Valverde, M.D.
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308

TITLE	Director
NAME	Guillermo Salazar
STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
CITY-ST-ZIP	Ft. Lauderdale, FL 33308