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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996		> DIV	ISION OF CO	RPORATI	IONS					
1. Corporati		K50839		(5)							
ASSC	CIATED FAMIL	Y PHYSICIANS	OF BOCA R	ATON, INC) .						
Principal Plac	ce of Business		Mailing Addres	35	-						
9910 SAND	% stephen e. bloom 1910 sandalfoot blyd. 1902 raton fl 33428		% STEPHEN E. BLOOM 9910 SANDALFOOT BLVD. BOCA RATON FL 33428								
			boon initial	IV I C. VOYEU				 Date Incorporated or Qualified 12/12/1988 		of Last 4/13/19	· · - r - · ·
1	Place of Business		2a. Mailing Add	dress				4. FEI Number		1, 10, 1	Applied For
Suite, Ant	#. etc.		Suite, Apt.	# oto				NOT APPLICABLE			Not Applicable
			27 Suite, Apr	#, etc.				5. Certificate of Status Desired			5 Additional Required
City & Sta	te		Crty & State	Э			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.0	00 May Be
J Ζφ		ountry	28 Zip		Country	,		Trust Fund Contribution 8. This corporation has liability for			ed to Fees
<u></u>	25	·	29	30	n '				r intangible ta s □No	ax under s	\$ 199.032,
	9. Name and A	ddress of Current F	Registered Agent	t		1		10. Name and Address of New	Registered .	Agent	***
RI OOM	A, STEPHEN E.				81						
	ANDALFOOT BLV	D. #1			82	Street	Address	(P.O. Box Number is Not Accepta	ble)		
	RATON FL 33428				83					· · · · · ·	
					84	City			· · · · ·	85 Z	ip Code
					1 - 1				FL	05 4	ib code
1 Pursuant	to the provisions of S	Postione 607 0502 are	4 907 1500 Florid	Charleson de							
Pursuant or register familiar in	to the provisions of Spred agent, or both, in	Sections 607.0502 are the State of Florida.	nd 607.1508, Florid Such change was	da Statutes, the authorized by	e above-r		orporations board o	on submits this statement for the purificities. I hereby accept the app		inging its reaistered	registered office
familiar w	to the provisions of Spred agent, or both, in with, and accept the o	Sections 607.0502 and the State of Florida. obligations of, Section	nd 607.1508, Florid Such change was 607.0505, Florida	da Statutes, the authorized by Statutes.	ne above-r y the corp		corporatio s board o	on submits this statement for the pure of directors. I hereby accept the app		inging its registered	registered office d agent. I am
familiar w IGNATURE	vith, and accept the o	obligations of, Section	607.0505, Florida	Statutes.	le above-r y the corpo	named c oration's	s Doard o	or directors. I hereby accept the app		inging its registered	registered office d agent. I am
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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 appears in Block 12 or Block 13 if changed, or on an attacking with an address.

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