

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 10:12

DOCUMENT # **L15452** (0)

1. Corporation Name  
**BOCA PEDIATRIC GROUP, P.A.**

Principal Place of Business	Mailing Address
% WILLIAM G. ACKOUREY, M.D. 5458 TOWN CENTER RD BOCA RATON FL 33486-1009	% WILLIAM G. ACKOUREY, M.D. 5458 TOWN CENTER RD BOCA RATON FL 33486-1009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/11/1989</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <b>65-0142838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ACKOUREY, WILLIAM G., M.D.  
5458 TOWN CENTER ROAD  
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0503 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of Registered Agent or Director) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ACKOUREY, WILLIAM G., MD
STREET ADDRESS	5458 TOWN CENTER RD
CITY, ST, ZIP	BOCA RATON FL
TITLE	DST
NAME	LUCHTAN, ALBERTO, M.D.
STREET ADDRESS	5458 TOWN CENTER RD
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I certify, jointly, that the information reported with this filing is voluntarily furnished and deemed qualify for the exemption stated in Section 119.032(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each officer appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *(Signature)* **WILLIAM G. ACKOUREY, M.D.** 1/9/95 (407) 391-6210  
(Signature of Registered Agent or Director) (Date) (Phone Number)