

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15452

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Entity Name:** BOCA PEDIATRIC GROUP, P.A.

**Current Principal Place of Business:**

5458 TOWN CENTER RD  
BOCA RATON, FL 33431

**New Principal Place of Business:**

5458 TOWN CENTER RD  
SUITE # 20  
BOCA RATON, FL 33486 10

**Current Mailing Address:**

5458 TOWN CENTER RD  
BOCA RATON, FL 33431

**New Mailing Address:**

5458 TOWN CENTER RD  
SUITE # 20  
BOCA RATON, FL 33486 10

FEI Number: 65-0142838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PASCUZZI, DAVID J ESQ.  
SCHWARTZ & HORWITZ, P.A.  
3301 NW BOCA RATON BLVD., STE. 200  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LUCHTAN, ALBERTO, M., D.  
Address: 5458 TOWN CENTER RD  
City-St-Zip: BOCA RATON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: LUCHTAN, ALBERTO, M., D.  
Address: 5458 TOWN CENTER RD  
City-St-Zip: BOCA RATON, FL 33486 10

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO LUCHTAN, MD

PRES

01/16/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date