

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90132 001 \*\*\*150.00

**DOCUMENT # L15452**

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



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

-CHECK HERE IF MAKING CHANGES-

City & State

City & State

4. FEI Number **65-0142838**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **LUCHTAN, ALBERTO, M.D.**

Street Address (P.O. Box Number is Not Acceptable)

**5458 TOWN CENTER RD.**

City **BOCA RATON**

**FL**

Zip Code **33486**

8. The above named person is making this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DP**  
STREET ADDRESS **ACKOUREY, WILLIAM G., MD**  
CITY-ST-ZIP **5458 TOWN CENTER RD**  
**BOCA RATON FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **DST**  
STREET ADDRESS **LUCHTAN, ALBERTO, M.D.**  
CITY-ST-ZIP **5458 TOWN CENTER RD**  
**BOCA RATON FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 authorized person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-14-03** Daytime Phone # **561-391-6210**

CR2E034 (10/02)