



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90254 018 ****61.25

DOCUMENT # N06000001577 1. Entity Name BOCA CLINIC FOUNDATION INC.					
Principal Place of Business 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487			Mailing Address 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 1.5em; font-family: cursive; margin-bottom: 10px;">66014688</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 04192007 Chg-NP CR2E037 (12/06) </div> <div style="display: flex; justify-content: space-between; align-items: center;"> 4. FEI Number <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> 5. Certificate of Status Desired <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent NACHLAS, NATHAN 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remailing)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NACHLAS, NATHAN E 6400 CONGRESS AVENUE, SUITE 1400 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mare Schlosser, M.D. 6400 Congress Avenue, Ste. 1400 Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nathan Nachlas</u> 4/20/07 561-350-5120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					