2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000052649

1. Entity Name

BOCA RATON PHYSICIANS, P.A.



Principal Place of Business

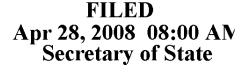
BOCA RATON, FL 33496

Mailing Address

1905 CLINT MOORE RD STE 201 1905 CLINT MOORE RD

STE 201

BOCA RATON, FL 33496





DO NOT WRITE IN THIS SPACE

02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4704096

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

KRUMHOLTZ, SEBA 1905 CLINT MOORE ROAD 201 DEERFIELD BEACH, FL 33496 DO NOT WRITE IN THIS SPACE

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_____

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS TITLE NAME SONNEBORN, ROBERT STREET ADDRESS 1905 CLINT MOORE ROAD, SUITE 201 CITY-ST-ZIP BOCA RATON, FL 33496 TITLE KRUMHOLTZ, SEBA NAME 1905 CLINT MOORE ROAD, SUITE 201 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 TITLE FRIEDMAN, MARK NAME STREET ADDRESS 1905 CLINT MOORE ROAD, SUITE 201 CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME RUBIN, GLENN 1905 CLINT MOORE ROAD, SUITE 201 STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 607, 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:

TURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECT

SEBA KRUMHOUTZ

561-99 4/23/08 5454

Daytime Phone #