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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002673 (1)

1. Corporation Name

SOUTH FLORIDA HEALTH CARE ASSOCIATES, P.A.



Principal Place of Business

2900 N. MILITARY TRAIL
STE. 220
BOCA RATON FL 33431
US

Mailing Address

2900 N. MILITARY TRAIL
STE. 220
BOCA RATON FL 33431-6361
US

3. Date Incorporated or Qualified

11/06/1992

3a. Date of Last Report

04/15/1996

4. FEI Number

65-0368597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
4800 N. FEDERAL HWY.
#210-A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

JOSEPH R STERN

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

2900 NORTH MILITARY TRAIL Suite 220

83

84 City

Boca Raton

FL

85 Zip Code

33431

11. Pursuant to the provisions of Sections 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

3/7/97

12. OFFICERS AND DIRECTORS

TITLE BP
NAME BECKETT, KENNETH L
STREET ADDRESS 2900 N. MILITARY TRAIL, #220
CITY-ST-ZIP BOCA RATON FL

TITLE DS
NAME MAKOVER, DAVID
STREET ADDRESS 7301 W PALMETTO PARK RD STE 103
CITY-ST-ZIP BOCA RATON FL

TITLE DT
NAME KAPLAN, ED
STREET ADDRESS 2900 N. MILITARY TRAIL, #220
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 VP
1.2 NAME BARTZOKIS, THOMAS
1.3 STREET ADDRESS 825 MEADOWS ROAD, Suite #111
1.4 CITY-ST-ZIP Boca Raton, Florida 33486

2.1 TITLE VP
2.2 NAME BARNHILL, LAMUEL E.
2.3 STREET ADDRESS 301 Camino Gardens Blvd Suite 102
2.4 CITY-ST-ZIP Boca Raton, Florida 33432

3.1 TITLE VP
3.2 NAME PETERSEN, ROGER
3.3 STREET ADDRESS 301 Camino Gardens Blvd Suite 102
3.4 CITY-ST-ZIP Boca Raton Florida 33432

4.1 TITLE VP
4.2 NAME BLOOM, MARTIN G
4.3 STREET ADDRESS 875 MEADOWS ROAD Suite 325
4.4 CITY-ST-ZIP Boca Raton, Florida 33486

5.1 TITLE VP
5.2 NAME BLUM, MICHAEL
5.3 STREET ADDRESS 16244 S. Military Trail Suite 140
5.4 CITY-ST-ZIP Delray Beach, Florida 33484

6.1 TITLE VP
6.2 NAME DIAMOND, PAUL
6.3 STREET ADDRESS 9960 CENTRAL PARK BLVD SOUTH Suite 401
6.4 CITY-ST-ZIP BOCA RATON, FLORIDA 33428

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

7:1 TITLE	VP
7:2 NAME	ELLISON, NORMAN
7:3 STREET ADDRESS	951 N.W. 13TH STREET, SUITE 4D
7:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
8:1 TITLE	VP
8:2 NAME	FALKOWITZ, MICHAEL
8:3 STREET ADDRESS	951 N.W. 13TH STREET, SUITE 2A
8:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
9:1 TITLE	VP
9:2 NAME	GARROD, KENNETH
9:3 STREET ADDRESS	1500 N.W. 10TH AVENUE, SUITE 201
9:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
10:1 TITLE	VP
10:2 NAME	LEVIN, LARRY.
10:3 STREET ADDRESS	1500 N.W. 10TH AVENUE, SUITE 201
10:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
11:1 TITLE	VP
11:2 NAME	GELFMAN, CHARLES
11:3 STREET ADDRESS	801 MEADOWS ROAD, SUITE 117
11:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
12:1 TITLE	VP
12:2 NAME	GERSTEIN, RICHARD
12:3 STREET ADDRESS	1050 N.W. 15TH STREET, SUITE 103A
12:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
13:1 TITLE	VP
13:2 NAME	KAPLAN EDWARD
13:3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 175
13:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33431
14:1 TITLE	VP
14:2 NAME	KASTIN, BRUCE
14:3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 175
14:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33431

15:1 TITLE	VP
15:2 NAME	LEVIN BRUCE
15:3 STREET ADDRESS	5258 LINTON BLVD. SUITE 102
15:4 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33484
16:1 TITLE	VP
16:2 NAME	LEVINE RICHARD
16:3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 175
16:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33431
17:1 TITLE	VP
17:2 NAME	REZNICK, STEVEN
17:3 STREET ADDRESS	2900 N. MILITARY TRAIL SUITE 175
17:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33431
18:1 TITLE	VP
18:2 NAME	MAHON, JEFFREY
18:3 STREET ADDRESS	7035 BERACASA WAY, SUITE 102
18:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33433
19:1 TITLE	VP
19:2 NAME	MAKOVER, DAVID
19:3 STREET ADDRESS	7301 W. PALMETTO PARK ROAD, SUITE 203
19:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33433
20:1 TITLE	VP
20:2 NAME	SANTAMARIA, RODERICK
20:3 STREET ADDRESS	801 MEADOWS ROAD, SUITE 121
20:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
21:1 TITLE	VP
21:2 NAME	SHOOK, MICHAEL
21:3 STREET ADDRESS	899 MEADOWS ROAD, SUITE 203
21:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486
22:1 TITLE	VP
22:2 NAME	STERN, ALAN
22:3 STREET ADDRESS	875 MEADOWS ROAD, SUITE 333
22:4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33486