

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country	31	Country

3. Date Incorporated or Qualified

11/06/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JOSEPH R. STERN  
2900 N. MILITARY TRAIL STE #220  
#210-A  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Kenneth Beckett, Chairman  
82 Street Address (P.O. Box Number is Not Acceptable)  
2900 N. Military Trail  
83 Suite 220-A  
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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Chairman
NAME	BECKETT, KENNETH L	1.2 NAME	
STREET ADDRESS	2900 N. MILITARY TRAIL, #220	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	President
NAME	MAKOVER, DAVID	2.2 NAME	Gregory Weatherford
STREET ADDRESS	7301 W PALMETTO PARK RD STE 103	2.3 STREET ADDRESS	2609 Woolbright Rd - Suite #1
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	DT	3.1 TITLE	
NAME	KAPLAN, ED	3.2 NAME	
STREET ADDRESS	2900 N. MILITARY TRAIL, #220	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	Vice President
NAME	BLOOM, MARTIN G.	4.2 NAME	Zakir Khan
STREET ADDRESS	875 MEADOWS RD., STE 325	4.3 STREET ADDRESS	205 George Bush Blvd.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	VP	5.1 TITLE	Secretary
NAME	BLUM, MICHAEL	5.2 NAME	Steven Reenick
STREET ADDRESS	16244 S. MILITARY TRAIL STE 140	5.3 STREET ADDRESS	880 NW 13th Street - Suite 2B
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	VP	6.1 TITLE	
NAME	DIAMOND, PAUL	6.2 NAME	
STREET ADDRESS	9960 CENTRAL PARK BLVD S., STE 401	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. 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 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:

3-24-98

(Su) 997-8865

CR2E034 (10/97)