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May 08 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 # P94000020665 (3)

1. Corporation Name  
BOCA RATON MEDICAL SERVICES, INC.

Principal Place of Business  
3801 N. UNIVERSITY DR.  
#501  
SUNRISE FL 33351

Mailing Address  
3801 N. UNIVERSITY DR.  
#501  
SUNRISE FL 33351-8329

3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0476226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

TOUEG, RAMI J DR  
5800 N. FEDERAL HWY  
SUITE 4  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	TOUEG, RAMI J	
STREET ADDRESS	4621 N W 100 WAY	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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  
4-30-97  
Date Daytime Phone #

CR2E034 (9/96)