

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90001 046 ***150.00

DOCUMENT # **P97000021187**

1. Corporation Name

BOCA RATON MEDICAL ASSOCIATES, P.A.

Principal Place of Business

**1905 CLINT MOORE ROAD
BOCA RATON FL 33496**

Mailing Address

**3333 SOUTH CONGRESS
401
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1997

4. FEI Number

65-0732891

Applied F

Not Appli

5. Certificate of Status Desired ☐

\$8.75 Addition
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**COHEN, JEFFREY L
54 N.E. 4TH AVENUE
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLTON, ROBERT
4270 N.W. 24 AVE.
BOCA RATON FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WAKSMAN, HOWARD
11150 SANDY SHELL WAY
BOCA RATON FL 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COHEN, RODNEY
8749 S. GRANDE DRIVE
BOCA RATON FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BLANKSTEIN, RON
6503 N. MILITARY TRAIL #105
BOCA RATON FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KAMINETSKY, BERNARD
7991 TENNYSON CT.
BOCA RATON FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MORRIS, RONNIE J.
7688 NEWPORT TERRACE
BOCA RATON FL 33433**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Secretary
Neal Weisman
20745 Shug Creek Ct
Boca Raton, FL 33498**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #