


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

FILED
Jan 23, 1999 8:00 am
Secretary of State

01-23-1999 90012 030 ***150.00
01-23-1999 90012 031 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021983

1. Corporation Name

BOCA PHYSICIANS, P.A.

Principal Place of Business

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

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

29

3. Date Incorporated or Qualified

03/04/1997

4. FEI Number

65-0729761

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 the current year Intangible Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

**KRUMHOLTZ, SEBA MD
2658 N.W. 48TH ST.
BOCA RATON FL 33434**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SONNERBORN, ROBERT MD	
STREET ADDRESS	4855 OXFORD WAY	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRUMHOLTZ, SEBA	
STREET ADDRESS	2658 N.W. 48TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33434	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHONG, JAMES MD	
STREET ADDRESS	21776 WESTMONTE COURT	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, LESLIE MD	
STREET ADDRESS	10411 STONEBRIDGE BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/7/99

561-994-5454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0577847