

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90257 001 ***150.00

DOCUMENT # P97000021983

1. Entity Name

BOCA PHYSICIANS, P.A.



Principal Place of Business

1905 CLINT MOORE ROAD
SUITE 201
BOCA RATON FL 33496

Mailing Address

1905 CLINT MOORE ROAD
SUITE 201
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0729761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

1905 CLINT MOORE ROAD SUITE 201

City BOCA RATON

FL

Zip Code 33496

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <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 | PD | <input type="checkbox"/> Delete |
| NAME | CHONG, JAMES MD | |
| STREET ADDRESS | 21776 WESMONT COURT | |
| CITY-ST-ZIP | BOCA RATON FL 33428 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | FRIEDMAN, MARK MD | |
| STREET ADDRESS | 6513 VIA ROSA | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RUBIN, GLENN MD | |
| STREET ADDRESS | 520 SE 5 AVENUE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1905 CLINT MOORE ROAD SUITE 201 |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1905 CLINT MOORE ROAD SUITE 201 |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1905 CLINT MOORE ROAD SUITE 201 |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 1905 CLINT MOORE ROAD SUITE 201 |
| CITY-ST-ZIP | BOCA RATON FL 33496 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05

(561) 994-5454

Date

Daytime Phone #