

STATEMENT REGARDING TOP HAT PLAN

To: Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

This statement is filed regarding the following plan:

1. Name, address and EIN of Employer:  
Joseph O. Beauchamp, M.D., P.A.  
616 9th Street North  
Naples, FL 33940  
Telephone: (941) 262-6228  
EIN: 59-1275516
2. The Employer maintains a severance benefit plan under the employment agreement of each stockholder physician employee primarily for the purpose of providing deferred compensation for each stockholder physician employee. The Employer maintains only one plan in which there are presently two employees participating.

Dated: Aug. 25, 1995

JOSEPH O. BEAUCHAMP, M.D., P.A.,  
Employer

By: Joseph O. Beauchamp MD  
Joseph O. Beauchamp, M.D.,  
President

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August 30, 1995

**VIA CERTIFIED MAIL: #P 914 601 941  
RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

Re: Joseph O. Beauchamp, M.D., P.A.  
Severance Benefit Plan

Gentlemen:

Enclosed herewith for filing is the Statement Regarding Top Hat Plan in the referenced matter.

Should you require additional information, please contact the undersigned.

Sincerely,



Barbara A. Belle Isle,  
Legal Assistant to  
William N. Horowitz

BAB:scg  
Enclosure

cc: Joseph O. Beauchamp, M.D., P.A.

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