

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



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

FILED

01 DEC 10 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

A04799

1. Name of Limited Partnership

BOCA-MED ASSOCIATES, LTD

2. Principal Office Address

900 NW 13 ST.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33486

Country

USA

3. Mailing Office Address

% RICHARD VENEZIA

Suite, Apt. #, etc.

160 VALENCIA DR.

City & State

ISLAMORADA FL

Zip

33036

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

3/12/76

5. FEI Number

59-1742710

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions shown on Record:

\$50

7b. Amount of Capital Contributions in FLORIDA to date:

\$50

**FEES:**

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
  - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
  - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

**8. Name and Address of Current Registered Agent**

Name

RICHARD J. VENEZIA

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

160 VALENCIA DR.

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33036

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

RICHARD J. VENEZIA

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

160 VALENCIA DR.  
ISLAMORADA FL  
33036

City, State and Zip Code

10a. Registration  
Document Number

N/A

600004789676--1  
-12/26/01--01091--008  
\*\*\*\*141.25 \*\*\*\*141.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

7 DEC 01

Typed or Printed Name of General Partner Signing Form

RICHARD J. VENEZIA

Telephone Number

(305) 664-0086

CR2E039 (9/01)

202

Rev. Dr. Richard J. Venezia  
160 Valencia Drive  
Islamorada, Florida 33036  
(305)664-0086  
eMail: dickvenezia@yahoo.com

FILED  
01 DEC 10 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Registration Section  
Department of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314  
December 7, 2001

Gentlemen:

I just spoke with a representative of your office who responded to my issue by advising me to explain in writing why I am delinquent in filing the annual limited partnership report. The following are the pertinent circumstances:

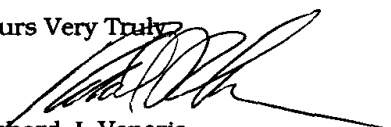
The sole asset of Boca-Med Associates, Ltd., is a medical building in which I practiced my profession for many years. I retired from practice in 1992, but the partnership maintained a small administrative/leasing office in the building until last year. Appropriately, my name as general partner was on the door as was the name of the building manager.

For a long time after I retired, mail was held for me at my former office. However, as the years passed, most of the mail was discarded, it generally being advertisements of some sort. More significant mail was picked up by the building manager and held for me until I next came to the building (I have lived in the Florida Keys for over seven years, and the building is in Boca Raton --- 125 miles away).

Now that Boca-Med has no office in the building, mail addressed to the partnership is normally delivered to the mailbox bearing its name. However, since the Certificate of Revocation (and presumably whatever correspondence preceded it) bore my name as well, it was delivered to my old office. Fortunately, the last piece of mail eventually found its way to me. I enclose the \$141.25 as requested. I am writing the check on my personal account so as to expedite the matter.

I strongly suggest that your office consider sending delinquent notices by certified or registered mail. In my own case, I am going to have your future notices sent to me at my home address so as to preclude this difficulty in the future.

Yours Very Truly,



Richard J. Venezia  
General Partner  
Boca-Med Associates, Ltd.