2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

	AILOUM BOSIN	IE22 KEPOH	IT (UBF	3)
DOCUMENT # A04799 1. Entity Name BOCA MED ASSOCIATES, LTD.				FILED 03 JAN 16 AM 9 19
Principal Pla C/O RICHAR 900 N.W. 13* BOCA RATO	TH STREET	Mailing Address C/O RICHARD VENEZIA 160 VALENCIA DR. ISLAMORADA FL 33036		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2003
City & Sta	ale	City & State		4. FEI Number 59-1742710 Applied Fo
Zip ,	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Currer	nt Registered Agent		
VENE7IA	, RICHARD J		Name	
	-		-	
		Street A	Address (P.O. Box Number is Not Acceptable)	
ISLAMUH	ADA FL 33036			
		•	<u> </u>	
		Address of Current Registered Agent Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required Name Name City Street Address of New Registered Agent City Street Address (PO. Box Number is Not Acceptable) Zip Code Address of Current Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Zip Code The Required The Registered Agent Address of Florida. I am familiar with, and accept istored agent. The Registered Agent The Registered Agent The Registered Agent Zip Code The Registered Agent Agent Address (PO. Box Number is Not Acceptable) AGENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. E. General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION The REGISTERED AND ACTIVE WITH THIS OFFICE. GENERAL PARTNER INFORMATION The REGISTERED AND ACTIVE WITH THIS OFFICE. GENERAL PARTNER INFORMATION The REGISTERED AND ACTIVE WITH THIS OFFICE. GENERAL PARTNER INFORMATION The REGISTERED AND ACTIVE WITH THIS OFFICE. GENERAL PARTNER INFORMATION The REGISTERED AND ACTIVE WITH THIS OFFICE. GENERAL PARTNER INFORMATION The REGISTERED AND ACTIVE WITH THIS OFFICE. GENERAL PARTNER INFORMATION The REGISTERED AND ACTIVE WITH THIS OFFICE. ADDRESS CHANGES ONLY ADDRESS CHANGES ONLY		
8. The above	AMORADA FL 33036 City FL Zip Code 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 of the signeture, typed or printed name of registered agent and title if applicable. Tall Contributions shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR ECE INFORMATION.			
the obliga	tions of registered agent.	is the purpose of changing its	registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable		
9. Capital Co			10-11-1	
Channel Control of Capita		il Contributions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
	A GENERAL PARTNER			
	NOTE: General Partners M	AY NOT be changed on the	III Y MUSI BE I e form: an ame	REGISTERED AND ACTIVE WITH THIS OFFICE.
12.	GENERAL PARTNE	R INFORMATION	13	and ment must be filed to change a general partner.
DOCUMENT #			 '``	ADDRESS CHANGES ONLY
NAME	VENEZIA, RICHARD J		STREET ADDRESS	
STREET ADDRESS	160 VALENCIA DR.		ŀ	
CITY-ST-ZIP	ISLAMORADA FL 33036		CITY-ST-ZIP	
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NAME			STREET ADDRESS	000010153000
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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute the report as equired by chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE OF PRINTED NAME OF SIGNATURE GENERAL PARTNER

1/9/03 (305) 664-008