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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H21613 (5)

1. Corporation Name:
BOCA BIOMEDICAL, INC.



Principal Place of Business
6166 NW 23RD TERRACE
BOCA RATON FL 33496

Mailing Address
6166 NW 23RD TERRACE
BOCA RATON FL 33496-3613

3. Date Incorporated or Qualified
09/18/1984

3a. Date of Last Report
02/20/1996

2. Principal Place of Business
21 21000 Boca Rio Road
Suite, Apt. #, etc.
22 Suite A-5
City & State
23 Boca Raton, FL
Zip
24 33433 Country
25 Palm Beach

2a. Mailing Address
26 21000 Boca Rio Road
Suite, Apt. #, etc.
27 Suite A-5
City & State
28 Boca Raton, FL
Zip
29 33433 Country
30 Palm Beach

4. FEI Number
59-2455677

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STEWART, JAMES P.
6166 NW 23RD TERRACE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10679 Rio Hermoso
83
84 City DELRAY BEACH FL 85 Zip Code 33446

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	STEWART, KATHLEEN M.	
STREET ADDRESS	6166 NW 23RD TERRACE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, KATHLEEN M.	
STREET ADDRESS	6166 NW 23RD TERRACE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEWART, JAMES P.	
STREET ADDRESS	6166 NW 23RD TERRACE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	10679 Rio Hermoso
14 CITY - ST - ZIP	DELRAY BEACH, FL 33446
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	10679 Rio Hermoso
2.4 CITY - ST - ZIP	DELRAY BEACH, FL 33446
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	10679 Rio Hermoso
3.4 CITY - ST - ZIP	DELRAY BEACH, FL 33446
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 do 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.

SIGNATURE: *Kathleen M. Stewart* 1/7/97 1-800-322-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)