

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000078809

Entity Name: BOCA MEDICAL PRODUCTS, INC.

FILED  
Apr 08, 2005  
Secretary of State

## Current Principal Place of Business:

6601 LYONS RD., STE. E-7  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

6601 LYONS RD., STE. E-7  
COCONUT CREEK, FL 33073

## New Mailing Address:

FEI Number: 65-1132385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELEFANT, FRED  
1650 PRUDENTIAL DR., STE. 105  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KRAEMER, MARK  
Address: 2651 FOREST CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: EDWARDS, ROBERT J JR  
Address: 7341 WEST CYPRESS HEAD DRIVE  
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete  
Name: WESTON, STEVEN  
Address: 6289 NW 62ND TERRACE  
City-St-Zip: PARKLAND, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. EDWARDS JR.

PD

04/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date