2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P01000078809

Entity Name: BOCA MEDICAL PRODUCTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065

Current Mailing Address:

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

New Mailing Address:

3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065

FEI Number: 65-1132385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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 Chapter 119, 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 04/05/2006

Electronic Signature of Signing Officer or Director — Date