

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-27-2008 90034 043 ***158.75

DOCUMENT # P01000078809

1. Entity Name
BOCA MEDICAL PRODUCTS, INC.



Principal Place of Business
**3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065**

Mailing Address
**3550 NW 126TH AVENUE
CORAL SPRINGS, FL 33065**

66000040



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1132385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of principal officer or registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KRAEMER, MARK**
STREET ADDRESS **2651 FOREST CIRCLE**
CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **D**
NAME **EDWARDS, ROBERT J JR**
STREET ADDRESS **7341 WEST CYPRESS HEAD DRIVE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **D**
NAME **WESTON, STEVEN**
STREET ADDRESS **6289 NW 62ND TERRACE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/14

954-346-8810