

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000044642 (4)**

1. Corporation Name

**BOCA MEDICAL CONCEPTS, INC.**



Principal Place of Business

**350 PAULUS COURT  
BOCA RATON FL 33486**

Mailing Address

**350 PAULUS COURT  
BOCA RATON FL 33486**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24	25	29	30		

9. Name and Address of Current Registered Agent

**DEAN, RICHARD W  
350 PAULUS COURT  
BOCA RATON FL 33486**

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/10/1994</b>	<b>03/31/1995</b>
4. FEI Number	Applied For
<b>65-0498285</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0501 and 607.1503, Florida Statutes, the ab... or registered agent, or both, in the State of Florida. Such change was authorized by the... familiar with and accept the obligations of Section 607.0501, Florida Statutes

I, the named corporation submit this statement for the purpose of changing its registered office... or board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

Signature of the person authorized to sign this report

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-STATE-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-STATE-ZIP
	PD														
	TOSH, JOHN DR														
	350 PAULUS COURT														
	BOCA RATON FL 33486														

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 I were under oath, that I am an officer or director of the corporation or the receiver or trustee or liquidator, except as this report is 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

*[Handwritten Signature]* 3-27-96

CR2E034 (12/95)