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May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90136 039 \*\*\*150.00

APR-25-00 TUE 11:25 AM SCHLESINGER+MINTZ  
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044642

1. Entity Name *Bora Medical Concepts, Inc*  
P94000044642

Principal Place of Business Mailing Address

2. Principal Place of Business *350 Paulus CT* 3. Mailing Address *C/O Kelley 171 Avalon Way*  
Suite, Apt. #, etc.

City & State *Boca Raton* City & State *Lawrenceville*

Zip *FL* Country *USA* Zip *NJ* Country *USA*

4. FEI Number *05-0498285* Applied For  Not Applied For

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title of corporation. (NOTE: Registered Agent signature required when necessary)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<i>Pres Elizabeth Tosh Kelley</i>		
STREET ADDRESS	<i>350 Paulus CT</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Boca Raton FL</i>	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Elizabeth Tosh Kelley* Date *4-25-00* #561-3921215

CR21031 (09/99)