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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P94000044642 1. Entity Name BOCA MEDICAL CONCEPTS, INC. 04-02-2001 90104 024 ***150.00 Principal Place of Business Mailing Address C/O KELLEY 17: AUGLON WAY 350 PAULUS COURT **BOCA RATON FL 33486** LAWRENCEVILLE NJ 33486 **UUU3U477** 2. Principal Place of Business ailing Address Suite, Apt. #, etc. Suite, SCHLESINGER & MINTZ, CPAs DO NOT WRITE IN THIS SPACE 100 MERRICK RD SUITE 500E City & | ROCKVILLE CENTRE, NY City & State 11570 65-0498285 Applied For Not Applicable e-mail:- schlesmint@yahoo.co. Zip Country Zip \$8.75 Additional tatus Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOSH, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 350 PAULUS CT **BOCA RATON FL 33486** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Change ☐ Addition TITLE ☐ Delete TITLE TOSH, ELIZABETH A NAME NAME 350 PAULUS CT STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change. TITLE ⊥ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), 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 address, with all other like empowered.

Date

Daytime Phone #