

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90033 027 ***150.00

DOCUMENT # P94000044642

1. Entity Name
BOCA MEDICAL CONCEPTS, INC.



Principal Place of Business

10266 SE BANYAN
JUPITER, FL 33469

Mailing Address

C/O SCHLESINGER & MITNZ, CPAS
100 MERRICK RD, SUITE 500E
ROCKVILLE CENTRE, NY 11570

24020624



02102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0498285

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOSH, ELIZABETH A
~~350 PAULUS CT~~ **10266 SE BANYAN WAY**
~~BOCA RATON, FL 33486~~ **TEQUESTA FL 33469**

**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

Elizabeth Tosh
Signature, typed or printed name of registered agent and title if applicable.

(E: Registered Agent signature required when reinstating)

DATE

March 9-2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
KELLEY, ELIZABETH T
10266 SE BANYAN WAY
TEQUESTA, FL 33469**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Elizabeth Tosh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 9-04 **#561-747-9046**