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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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| DOCUMENT # P84000044642 | |
| 1. Entity Name BOCA MEDICAL CONCEPTS, INC. | |
| Principal Place of Business 350 PAULUS COURT BOCA RATON, FL 33486 | Mailing Address C/O SCHLESINGER & HINZ, CPAS 100 MERIDEX RD., SUITE 500E ROCKVILLE CENTRE, NY 11570 |
| 2. Principal Place of Business 10266 SE BANYAN WAY | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Tequesta FL | City & State |
| Zip 33469 | Country |
| 4. FEI Number 05-0488285 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TOSH, ELIZABETH A 350 PAULUS CT BOCA RATON, FL 33486 | |
| 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. I am further unit, and accept the obligations of registered agent. | |
| SIGNATURE <input checked="" type="checkbox"/> Elizabeth Tosh Kelley, President | DATE 4-29-03 |
| 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | |
| TITLE PRES | NAME KELLEY, ELIZABETH T |
| STREET ADDRESS 350 PAULUS CT | CITY-ST-ZIP BOCA RATON, FL 33486 |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(5)(b), 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 appointed to dissolve the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or in Block 12 if appointed with an address, with all other fees approved. | |
| SIGNATURE <input checked="" type="checkbox"/> Elizabeth Tosh Kelley, President | DATE 4-29-03 #561-7479046 |

* Elizabeth Tosh Kelley