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

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																				
City & State Tequesta FL		City & State																																																																				
Zip 33469		Zip																																																																				
Country		Country																																																																				
4. FEI Number 05-0488285		Applied For <input type="checkbox"/> Not Applicable																																																																				
5. Certificate of Status Desired <input type="checkbox"/>		58.75 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																																																																				
Name		Name																																																																				
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																																																																				
City		City																																																																				
State		State																																																																				
Zip Code		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. I am further unit, and accept the obligations of registered agent.																																																																						
SIGNATURE <i>(X) Elizabeth Tosh Kelley, President</i>		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																																																																						
10.	11.																																																																					
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11. 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 11 if not changed, with an asterisk, with all other fees approved.																																																																						
SIGNATURE <i>(X) Elizabeth Tosh Kelley, President</i>		DATE 4-29-03 #561-7479046																																																																				

* Elizabeth Tosh Kelley