2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019010

Entity Name: BOCA PHARMACAL, INC.

6289 NW 62ND TERRACE

PARKLAND, FL 33067

Address:

City-St-Zip:

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	126TH AVENU PRINGS, FL 3				
Current Mailing Address:			New Mailing Address:		
	126TH AVENU PRINGS, FL 3				
FEI Number	: 65-0831883	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
JAKCSON	DENTIAL DRI' IVILLE, FL 32:		ourpose of changing its registered	office or registered agent, or both,	
	e of Florida.			emee er regioterea agem, er zeur,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (KRAEMER, MA 2651 FOREST JACKSONVILL	CIRCLE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EDWARDS, R	YPRESS HEAD DR.	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TD (WESTON, STE) Delete	Title: (Name:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT J EDWARDS JR CEO 02/05/2009