

**2021 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04799

**Entity Name:** BOCA MED ASSOCIATES, LLLP

**Current Principal Place of Business:**

6152 N VERDE TRAIL  
APT A-212  
BOCA RATON, FL 33433

**Current Mailing Address:**

6152 N VERDE TRAIL  
APT A-212  
BOCA RATON, FL 33433 US

**FEI Number:** 59-1742710

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VENEZIA, RICHARD JDR.  
6152 VERDE TRL N  
APT A212  
BOCA RATON, FL 33433 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # \_\_\_\_\_  
Name VENEZIA, RICHARD J  
Address 6152 N VERDE TRAIL  
APARTMENT A-212 APT A-212  
City-State-Zip: BOCA RATON FL 33433

Document # \_\_\_\_\_  
Name HEEMSKERK, EDWARD T  
Address 8439 E. CLUB RD  
City-State-Zip: BOCA RATON FL 33433

Document # \_\_\_\_\_  
Name VENEZIA, COLLEEN A  
Address 6152 N VERDE TRAIL  
APARTMENT A-212  
City-State-Zip: BOCA RATON FL 33433

*I hereby 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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD J VENEZIA

**GP**

**08/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date