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May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 849526 (9)  
1. Corporation Name  
BIO-MEDICAL APPLICATIONS OF TARPON SPRINGS, INC.



Principal Place of Business  
1801 TRAPELO RD.  
WALTHAM MA 02154

Mailing Address  
1801 TRAPELO RD.  
WALTHAM MA 02154-7333

2. Principal Place of Business  
21 95 Hayden Ave.  
Suite, Apt. #, etc.  
22  
City & State  
23 Lexington, MA  
Zip Country  
24 02113 25  
2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

3. Date Incorporated or Qualified  
06/25/1981  
3a. Date of Last Report  
04/24/1996  
4. FEI Number  
04-2733764  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  
Signature, typed or printed name of registered agent and to whom it is applicable (NOT: Registered Agent signature required when re-issuing) DATE

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | D HAMPERS, CONSTANTINE L MD      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | EAST LAKE ROAD, BOX 494, OAKHILL | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | DUBLIN NH                        | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                  | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | VP RUMA, JOSEPH                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 65 MILLPOND                      | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | N ANDOVER MA                     | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                  | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | T NOGEO, MILES                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 19 WASHINGTON STREET             | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | SUDBURY MA                       | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                  | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | AT LIEBERMAN, MARC               | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | 10 DROWN POINT ROAD              | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | SUDBURY MA                       | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                  | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                                  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                  | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                                  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                  | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                  | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] MARC LIEBERMAN/ASS'T TREASURER 4/17/97 617/402-9100

CR2E034 (9/96)

**BIO-MEDICAL APPLICATIONS MANAGEMENT COMPANY, INC. SUBSIDIARIES  
LIST OF DIRECTORS AND OFFICERS**

**EFFECTIVE 01/01/1997**

| <b>DIRECTORS</b>                    | <b>OFFICE<br/>HELD</b>              | <b>SS NUMBER</b>   | <b>HOME ADDRESS</b>                                |
|-------------------------------------|-------------------------------------|--------------------|----------------------------------------------------|
| <b>GEOFFREY W.<br/>SWETT</b>        | <b>DIRECTOR</b>                     | <b>144-40-8789</b> | <b>42 KINGS WAY<br/>WALTHAM, MA 02154</b>          |
| <b>SYED<br/>KAMAL</b>               | <b>DIRECTOR</b>                     | <b>436-35-9080</b> | <b>4 LISA LANE<br/>ACTON, MA 01720</b>             |
| <b>BEN<br/>LIPPS, PH.D.</b>         | <b>DIRECTOR</b>                     | <b>305-44-0223</b> | <b>24 SEQUOIA LANE<br/>WALNUT CREEK, CA 94595</b>  |
| <b>OFFICERS</b>                     | <b>OFFICE<br/>HELD</b>              | <b>SS NUMBER</b>   | <b>HOME ADDRESS</b>                                |
| <b>GEOFFREY W.<br/>SWETT</b>        | <b>PRESIDENT</b>                    | <b>144-40-8789</b> | <b>42 KINGS WAY<br/>WALTHAM, MA 02154</b>          |
| <b>SYED<br/>KAMAL</b>               | <b>VICE PRESIDENT</b>               | <b>436-35-9080</b> | <b>4 LISA LANE<br/>ACTON, MA 01720</b>             |
| <b>LARRIE T.<br/>ROCKWELL</b>       | <b>VICE PRESIDENT</b>               | <b>079-32-6920</b> | <b>10 ROGERS STREET<br/>CAMBRIDGE, MA 02142</b>    |
| <b>PATRICK<br/>MORIARTY</b>         | <b>VICE PRESIDENT</b>               | <b>021-38-2035</b> | <b>10 HENDERSON WAY<br/>MEDFIELD, MA 02052</b>     |
| <b>JOSEPH RUMA</b>                  | <b>VICE PRESIDENT</b>               | <b>081-34-8188</b> | <b>65 MILLPOND<br/>NORTH ANDOVER, MA 01845</b>     |
| <b>ROBERT W.<br/>ARMSTRONG, III</b> | <b>VICE PRESIDENT<br/>TREASURER</b> | <b>017-36-2353</b> | <b>9 SALISBURY STREET<br/>WINCHESTER, MA 01890</b> |
| <b>MARC S.<br/>LIEBERMAN</b>        | <b>ASSISTANT<br/>TREASURER</b>      | <b>108-38-6161</b> | <b>10 CROWN POINT ROAD<br/>SUDBURY, MA 01776</b>   |
| <b>JAMES V.<br/>LUTHER</b>          | <b>ASSISTANT<br/>TREASURER</b>      | <b>010-34-9716</b> | <b>50 SUNNYSIDE AVENUE<br/>READING, MA 01867</b>   |
| <b>DAVID A.<br/>KEMBEL</b>          | <b>SECRETARY</b>                    | <b>522-55-5694</b> | <b>151 REED FARM ROAD<br/>BOXBOROUGH, MA 01719</b> |
| <b>WILLIAM<br/>GRIECO</b>           | <b>ASSISTANT<br/>SECRETARY</b>      | <b>048-50-0963</b> | <b>115 MARLBOROUGH ST.<br/>BOSTON, MA 02116</b>    |

**CORPORATE HEADQUARTERS:  
TWO LEDGEMONT CENTER  
95 HAYDEN AVENUE  
LEXINGTON, MA 02173**

**TELEPHONE: (617)402-9000**