

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90166 028 ***150.00

DOCUMENT # F99000005915

1. Entity Name
RADI MEDICAL SYSTEMS, INC.

Principal Place of Business

34 GOULD STREET
SUITE 202
READING MA 01867

Mailing Address

34 GOULD STREET
SUITE 202
READING MA 01867

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1822326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	ENGSTROM, THOMAS	
STREET ADDRESS	PALMBLADSGATAN 10	
CITY-ST-ZIP	754 50 UPPSALA SWEDEN	
TITLE	S	<input type="checkbox"/> Delete
NAME	TENERZ, LARS	
STREET ADDRESS	PALMBLADSGATAN 10	
CITY-ST-ZIP	754 50 UPPSALA SWEDEN	
TITLE	P	<input type="checkbox"/> Delete
NAME	SASSO, LISA T	
STREET ADDRESS	34 GOULD STREET	
CITY-ST-ZIP	READING MA 01867	
TITLE	T	<input type="checkbox"/> Delete
NAME	SASSO, JOHN A	
STREET ADDRESS	34 GOULD STREET	
CITY-ST-ZIP	READING MA 01867	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCCREARY, L. STEPHEN	
STREET ADDRESS	34 MILK PORRIDGE CIRCLE	
CITY-ST-ZIP	NORTHBOROUGH MA 01532	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Sasso **John A. Sasso**

1/18/02

Date

781-670-9990

Daytime Phone #

CR2E034 (9/01)