

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 824170 (5)

1. Corporation Name:

BIO-MEDICAL APPLICATIONS OF FLORIDA, INC.

Principal Place of Business

1601 TRAPELO ROAD
WALTHAM MA 02154

Mailing Address

1601 TRAPELO ROAD
WALTHAM MA 02154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1970

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

11-2226338

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

10. Name and Address of New 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

FL

85.

Zip Code

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 of registered agent or registered agent for the corporation

Signature of registered agent or registered agent for the corporation

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	NOGELO, A M
STREET ADDRESS	19 WASHINGTON STREET
CITY, ST, ZIP	SUDBURY MA
TITLE	D
NAME	HAMPERS, CONSTANTINE L MD
STREET ADDRESS	EAST LAKE ROAD, BOX 494, OAKHILL
CITY, ST, ZIP	DUBLIN NH
TITLE	D
NAME	LOWRIE, ERNESTINE M
STREET ADDRESS	57 JUNIPER ROAD
CITY, ST, ZIP	WESTON MA
TITLE	VP
NAME	RUMA, JOSEPH
STREET ADDRESS	65 MILLPOND
CITY, ST, ZIP	NO ANDOVER MA
TITLE	T
NAME	LIEBERMAN, MARC S
STREET ADDRESS	10 CROWN POINT ROAD
CITY, ST, ZIP	SUDBURY MA
TITLE	D
NAME	LOWRIE, EDMUND G MD
STREET ADDRESS	57 JUNIPER ROAD
CITY, ST, ZIP	WESTON MA

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

SEE ATTACHED

900001482209
-05/10/95--01023--008
***3200.00 ***200.00

KC

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

607-460-9850

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

EFFECTIVE 04/10/1995

DIRECTORS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
ERNESTINE M. LOWRIE	DIRECTOR	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
EDMUND G. LOWRIE, M.D.	DIRECTOR	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712

OFFICERS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
ERNESTINE M. LOWRIE	PRESIDENT	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
CONSTANTINE HAMPERS, M.D.	VICE PRESIDENT	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
LARRIE T. ROCKWELL	VICE PRESIDENT	079-32-6920	10 ROGERS STREET CAMBRIDGE, MA 02142
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
JOSEPH RUMA	VICE PRESIDENT	031-34-8188	65 MILLPOND NORTH ANDOVER, MA 01845
GEOFFREY SWETT	VICE PRESIDENT	144-40-8739	11 INDEPENDENCE ROAD PEPPERELL, MA 01463
A. MILES NOGEOLO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173
DAVID A. KEMBEL	SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

BUSINESS ADDRESS FOR OFFICERS/DIRECTORS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
(617)466-0850