PROFIT CORPORATION ANNUAL REPORT



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

1996

824170

(5)

DOCUMENT #

BIO-MEDICAL APPLICATIONS OF FLORIDA, INC.

ł	Principal Place of Business	Mailing Address	
	1601 TRAPELO ROAD WALTHAM MA 02154	1601 TRAPELO ROAD Waltham Ma 02154	

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3. Date Incorporated or Qualified 3a. Date of Last Report

						03/02/1970	1	00/01/1	99J
2 5	- A Division of	2a. Mailing Address				4. FÉI Number 11-2226338			Applied For
2. Principal Pla	IOE OF BUSHIESS	26				11-2226338			Not Applicable
21		Suite, Apt, #, etc.						\$8.75	Additional
Suite, Apt. #	t, etc.	ha				5. Certificate of Status Desired		Fee	Required
22		27				6. Election Campaign Financing		\$5.0	May Be
City & State	,	City & State:				Trust Fund Contribution			d to Fees
23		28				8. This corporation has liability for in	tangible to		
Ζιρ	Country	Zip	Coun	try		Florida Statutes YZ Yes		ax diridicii d	100.002
24	25	29	30			10. Name and Address of New Re		Agent	
1	9. Name and Address of Curre	ent Registered Agent			***	10. Name and Address of New Ad	gistoreo	Agont	
			[8	B1	Name				
CTC	ORPORATION SYSTEM		h,	62	Street Addr	ess (P.O. Box Number is Not Acceptable	3)		
1200	South Pine Island Road		\ \frac{1}{2}	_		·			
	TATION FL 33324		1	83					
I CAN	TATION 12 GOOL		L					···	S- Ondo
			[4	84	City		FL	85 Z	ip Code
				,,,		ration submits this statement for the pur		enging its	registered offic
	red agent, or both, in the State of Flo th, and accept the obligations of, Se			orpo	ration's boar	rd of directors. I hereby accept the appo	intment as	s registere	o agent. i am
SIGNATURE							DATE		
SIGNATIONE .	Skynature, typed or printed name of registered ago		(NOTE: Registered	Agent	signature require	ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO CIT.		Change	
TITLE		☐ DELETE	1 1 111	TLE				☐ Ollango	
NAME	NOGELO, A M		1.2 NA	ME					
STREET ADDRESS	19 WASHINGTON STREE	Ţ	1.3 ST	REE!	ADDRESS				
	SUDBURY MA		1.4 CIT	ry-ST	- ZIP	60000179 -04/25/96010	43	<u>66_</u>	
CITY-ST-ZIP	D	DELETE	2 1 Ti			-04/25/96010	330	Change Change	Addition
TITLE	HAMPERS, CONSTANTIN		2 2 NA			***5800.00			
NAME	EAST LAKE ROAD, BOX	404 UVKHILI	2.3 STREET AD		4 DODE 00				
STREET ADDRESS		TOT, OPHITICE	1			Q			
CHTY - ST - ZIP	DUBLIN NH		2.4 CI		[- ZIP			Change	☐ Addition
TITLE	D	⊠ DELETE	3. 1 Tr	TLE		(7)		CT CHAIR	
NAM.E	LOWRIE, ERNESTINE M		3.2 NA	ME	l	() The second of the second o			
STREET ADDRESS	57 JUNIPER ROAD		3.3. ST	TREET	ADDRESS				
-	WESTON MA		3 4 CI	TY-51	T-71P	<i>∞</i> ,			
C-TY-ST-ZIP	VP VP	□ CELETE	4. 1 TI			***5800.00		Change	Addition
TrilE	RUMA, JOSEPH		4.2 NA						
NAME.	65 MILLPOND				10DDCCC	3			
STREET ADDRESS			B		ADDRESS				
CITY-ST-ZIP	NO ANDOVER MA		4.4 C)		T-ZIP			Chang	e Addition
TITLE		DELETE	5.11	ITLE				- Augus	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
NAME	LIEBERMAN, MARC S	_	5.2 N/	AME	ļ				
STREET ADORESS	10 CROWN POINT ROAL	1	5351	TREET	ADDRESS				
gince i Aughtas		,	0.50						
DITY OF 310	SUDBURY MA	,		пү-\$	T - ZIP				
CITY-ST-ZIF					T - ZIP			Chang	e Addition
TITLE	SUDBURY MA	₩ DELETE	54Cl	ITLE	T - 7IP			Chang	e Addition
	SUDBURY MA D LOWRIE, EDMUND G MI	₩ DELETE	54Cl 61T 6.2 N	ITLE				Chang	e
TITLE	SUDBURY MA D LOWRIE, EDMUND G ME	₩ DELETE	54 Cl 6 1 T 6.2 N 6.3 S	TITLE AME TREET	T-ZIP ADDRESS ST-Z-P			Chang	e Addition

14. I do 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)(k). 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 cartify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS'T THEADURER

7-12-16 Date 617-466-9852) Daytime Phone # CR2E034 (12/95)

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

		LIST OF DIRECTOR	19 VIID OLLIGETIC	
	EFFECTIVE 03/15/1996			
		OFFICE		
	DIRECORS	HELD	SS NUMBER	HOME ADDRESS
	********	********	*********	
	CONSTANTINE			EAST LAKE ROAD
	HAMPERS, M.D.	DIRECTOR	190-24-4386	BOX 494, OAKHILL
	•			DUBLIN, NH 03444
	GEOFFREY			11 INDEPENDENCE ROAD
	SWETT	DIRECTOR	144-40-8739	PEPPERELL, MA 01483
	*******	********	*********	*****************
		OFFICE		
	OFFICERS	HELD	SS NUMBER	HOME ADDRESS
	•••••	********	**********	
				44 INDEPENDENCE DOAD
	GEOFFREY			11 INDEPENDENCE ROAD
	SWETT	PRESIDENT	144-40-8739	PEPPERELL, MA 01463
				PAGE LAVE DOAD
	CONSTANTINE			EAST LAKE ROAD
	HAMPERS, M.D.	VICE PRESIDENT	190-24-4386	BOX 494, OAKHILL
				DUBLIN, NH 03444
				4 LISA LANE
	SYED		400 OF 0000	ACTON, MA 01720
	KAMAL	VICE PRESIDENT	436-35-9080	ACTON, MIX 01720
				10 ROGERS STREET
	LARRIE T.	LUAR PRESIDENT	079-32-6920	CAMBRIDGE, MA 02142
	ROCKWELL	VICE PRESIDENT	0/9-32-0920	OMINIOUS TO THE
				10 HENDERSON WAY
	PATRICK	LUGE PRESIDENT	021-38-2035	MEDFIELD, MA 02052
	MORIARTY	VICE PRESIDENT	021-38-2030	1112011227, 1117
				65 MILLPOND
		VIOL PRESIDENT	031-34-8188	NORTH ANDOVER, MA 01845
	JOSEPH RUMA	VICE PRESIDENT	031-34-5100	
				19 WASHINGTON DRIVE
	A. MILES	TREASURER	012-34-5855	SUDBURY, MA 01776
	NOGELO	INEASUNEN	012-04-0000	
		ACCICTANT		10 CROWN POINT ROAD
	MARC S.	ASSISTANT TREASURER	108-38-6181	SUDBURY, MA 01776
\	LIEBERMAN	INEMBUNEN	100-00 0101	
	14150 1/	ASSISTANT		50 SUNNYSIDE AVENUE
	JAMES V.	TREASURER	010-34-9716	READING, MA 01867
	LUTHER	INERGVAEN	Ţ, Ţ Ţ, Ţ, Ţ,	
	CAROLE	ASSISTANT		187 GROVE STREET
	CAROL E.	SECRETARY	139-44-5206	LEXINGTON, MA 02173
	BOWEN	GEVNE I AN I		•
	DAMB A			151 REED FARM ROAD
	DAVID A.	SECRETARY	522-55-5894	BOXBOROUGH, MA 01719
	KEMBEL	GEAUE I MU I		•
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^{*}BUSINESS ADDRESS FOR OFFICERS/DIRECTORS*
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
(617)466-9850