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Corp. Tax Report
6-29-62
4pg.

No. B-23417-G

Tax for Years

1962

**CORPORATION REPORT AND
TAX RETURN OF**

Cordis Corporation

241 N. E. 36th Street

Miami, Florida

P. O. ADDRESS _____

(Do not write below this line)

Filed in the office of the Secretary of State of
the State of Florida, this _____
day of _____

A. D. 19 _____

Secretary of State.

2021 01 14

00:00

Assets	<u>\$289,130.61</u>
Liabilities	<u>309,283.29</u>
Capital	200,000.00
(Surplus)(Loss)	220,152.68
Total liabilities & Capital	<u>\$ 289,130.61</u>

Corporation Report and Tax Return

to the

Secretary of State of Florida

as required by Chapter 808, Florida Statutes

Do not write in this space.

Amt. Rec. _____

Amt. PAID 27 1962

Refund _____

Bal. Due _____

Val. No. 22375000****10.00

DIRECTIONS: Read carefully.

Corporations are required to complete IN FULL a report and file with the Secretary of State on or before July 1 annually. Please print or type the information required herein. Make check for the capital stock tax payment payable to the Secretary of State. Tax is based on the value of issued and outstanding capital stock. See schedule on taxpayer's COPY. Only one (1) report necessary where more than one (1) year's tax is paid at the time of filing. Amount remitted with this report \$ 10.00

1. NAME Cordis Corporation
Give correct name
2. ADDRESS OF PRINCIPAL PLACE OF BUSINESS 241 N. E. 36th Street
(Street or Post Office Box)
Miami Dade Florida
(City) (County) (State)
3. NAMES AND ADDRESSES OF OFFICERS:
- | NAME | TITLE | ADDRESS |
|--------------------------|----------------|----------------------------|
| Wm. P. Murphy Jr., M. D. | President | 598 NE 56 St., Miami, Fla |
| John Sterner | Vice President | 8930 SW 52 Street |
| Barbara E. Murphy | Secretary | 598 NE 56 St., Miami, Fla. |
4. NAMES AND ADDRESSES OF DIRECTORS (law requires at least (3) Directors)
- | NAME | ADDRESS |
|---|---------|
| Wm. P. Murphy Jr., M.D., 241 NE 36 St., Miami, Fla | |
| John Sterner, 241 NE 36 St., Miami, Fla | |
| John H. Gunn, duPont Bldg., Miami, Fla. | |
| Wm. Riffers, John Hancock Bldg., Boston, Mass. | |
| Wm. P. Murphy, M. D., 1101-Beacon St., Boston, Mass. | |
| J. Simpson Dean, Rm 1090 duPont Bldg., Wilmington, Delaware | |
5. NAME OF RESIDENT AGENT _____ ADDRESS _____

CAPITAL STOCK STATEMENT*

*NO PAR value shares are presumed to have a value of at least \$100.00 per share, but report should be accompanied by a brief financial statement showing actual value, including surplus which has become a part of invested capital.

6. Total AUTHORIZED Capital Stock:
- _____ Shares of the par value of \$ _____ each.
- 6000 Shares without nominal or par value. see statement on reverse side
7. OUTSTANDING Capital Stock:
- _____ Shares of the par value of \$ _____ each. \$ _____
- 3000 Shares without nominal or par value (actual) \$ (20,152.68)
- Total OUTSTANDING capital stock \$ (20,152.68)
8. Date of last meeting of Directors April 5, 1962
- Is the corporation active? yes If inactive, state how long _____
- Is the purpose of the corporation to begin business in the future? _____
9. General nature of business engaged in design & development of medical instrumentation
10. Date incorporated May 7, 1959
11. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By John Sterner Attest: P.H. Will
Secretary V-President Ass't. Secretary

STATE OF FLORIDA

COUNTY OF _____ Date _____

Personally appeared before me John Sterner
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 27th day of June 1962

(Notary Seal)

Signature of Notary taking acknowledgment

ORIGINAL. Tear apart. Send in only the original. Keep COPY for your files. Notary Public, State of Florida at Large
My Commission Expires April 18, 1965
Printed by American Pub. & Convey. Co.