

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90100 001 *3,600.00

DOCUMENT # 824170

1. Entity Name
BIO-MEDICAL APPLICATIONS OF FLORIDA, INC.



Principal Place of Business
**920 WINTER STREET
WALTHAM, MA 02451**

Mailing Address
**920 WINTER STREET
WALTHAM, MA 02451**

66010057



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2226338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

T
NAME **FAWCETT, MARK**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

S
NAME **DOUGLAS G KOTT**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

V
NAME **KUERBITZ, RONALD**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

AT
NAME **LIEBERMAN, MARC**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

DP
NAME **WAHLSTROM, MATS**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

AT
NAME **COLANTONIO, PAUL**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Marc Lieberman
Asst. Treasurer

Date

4/1/08

Daytime Phone # _____