## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#824170** 

FILED Apr 15, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

920 WINTER STREET 920 WINTER STREET WALTHAM, MA 02451 7AX DEPT

WALTHAM, MA 02451

Current Mailing Address: New Mailing Address:

920 WINTER STREET 920 WINTER STREET WALTHAM, MA 02451 7AX DEPT

WALTHAM, MA 02451

FEI Number: 11-2226338 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: TV

Name: FAWCETT, MARK
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: SV

Name: KOTT, DOUGLAS
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: VCAO

Name: KUERBITZ, RONALD Address: 920 WINTER STREET City-St-Zip: WALTHAM, MA 02451

Title: AT

Name: LIEBERMAN, MARC
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: DF

Name: POWELL, RICE
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: AT

Name: COLANTONIO, PAUL Address: 920 WINTER STREET City-St-Zip: WALTHAM, MA 02451

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL COLANTONIO AT 04/15/2011