

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 824170

**Entity Name:** BIO-MEDICAL APPLICATIONS OF FLORIDA, INC.**Current Principal Place of Business:**920 WINTER STREET  
TAX DEPT  
WALTHAM, MA 02451**Current Mailing Address:**920 WINTER STREET  
TAX DEPT  
WALTHAM, MA 02451**FEI Number:** 11-2226338**Certificate of Status Desired:** No**Name and Address of Current 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

**Officer/Director Detail :**

Title TV  
Name FAWCETT, MARK  
Address 920 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title SV  
Name KOTT, DOUGLAS  
Address 920 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title DIR, CAO  
Name KUERBITZ, RONALD  
Address 920 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title AT  
Name MELLO, BRYAN  
Address 920 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title DP  
Name VALLE, WILLIAM J  
Address 920 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title AT  
Name COLANTONIO, PAUL  
Address 920 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title CFO  
Name MOESSLANG, ANGELO  
Address 920 WINTER STREET  
TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title VP  
Name HAYES, ANTHONY  
Address 920 WINTER STREET  
TAX DEPT  
City-State-Zip: WALTHAM MA 02451

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*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**ASSISTANT TREASURER** 04/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title COO  
Name SIMMONS, WAYNE  
Address 920 WINTER STREET  
TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title ASST. TREASURER  
Name NOTAR, MARIA  
Address 920 WINTER STREET  
TAX DEPT  
City-State-Zip: WALTHAM MA 02451

Title ASST. SECRETARY  
Name SPRING, JOLIE  
Address 920 WINTER STREET  
TAX DEPT  
City-State-Zip: WALTHAM MA 02451