

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824170

Entity Name: BIO-MEDICAL APPLICATIONS OF FLORIDA, INC.**Current Principal Place of Business:**920 WINTER STREET
WALTHAM, MA 02451**Current Mailing Address:**920 WINTER STREET
WALTHAM, MA 02451 US**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 TREASURER
Name FAWCETT, MARK
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

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

Title ASST. TREASURER
Name MILLER, MOLLIE
Address 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

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

Title SECRETARY
Name GLEDHILL, KAREN
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

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

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

Title CFO
Name BRAUN, DENNIS
Address 920 WINTER ST
 TAX DEPT
City-State-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: MELLO , BRYAN**ASST. TREASURER****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date