


**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
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**DO NOT WRITE IN THIS SPACE**

**66010057**



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2226338	Applied For Not Applicable
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWCETT, MARK 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUGLAS G KOTT 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUERBITZ, RONALD 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHLSTROM, MATS 920 WINTER STREET WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL 920 WINTER STREET WALTHAM, MA 02451

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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 **Marc Lieberman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Asst. Treasurer** Date 4/1/08 Daytime Phone # \_\_\_\_\_