

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90302 001 \*5,250.00

**DOCUMENT # 833350**

1. Corporation Name

**BIO-MEDICAL APPLICATIONS OF SARASOTA, INC.**



Principal Place of Business

Mailing Address

95 HAYDEN AVE  
LEXINGTON MA 02179  
US

95 HAYDEN AVE  
LEXINGTON MA 02179  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1974**

4. FEI Number

**04-2549022**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

24 02420 25

28 Zip Country

29 02420 30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RUMA, JOSEPH	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02179	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARC S	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GEOFFREY SWETT	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HEINZ J SCHMIDT	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02473	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOUGLAS G KOTT	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARK C WILSON	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	02420
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	02420
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	02420
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	02420
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	02420

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Lieberman

4/12/99

781-402-9000

Daytime Phone #

CR2E034 (11/98)