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SECRETARY OF STATE
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DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Murpham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 839762 (2)

1. Corporation Name
NMC Medical Products Inc.

Principal Place of Business
C/O NATIONAL MEDICAL CARE, INC.
RESERVOIR PLACE, 1601 TRAPELO ROAD
WALTHAM MA 02154-7333

Mailing Address
C/O NATIONAL MEDICAL CARE, INC.
RESERVOIR PLACE, 1601 TRAPELO ROAD
WALTHAM MA 02154-7333

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1977		3a. Date of Last Report 05/01/1994	
21		26		4. FEI Number 11-2226337		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24. City		25. City		29. City		30. City	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City			
				FL B5. 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	P SHAW, GLEN K	13.1 TITLE	☐ Change ☐ Addition
12.2 STREET ADDRESS	14 DEAL DRIVE	13.2 NAME	
12.3 CITY, ST, ZIP	DANBURY CT	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
12.5 NAME	T NOGELO, A. MILES	13.5 TITLE	☐ Change ☐ Addition
12.6 STREET ADDRESS	19 WASHINGTON STREET	13.6 NAME	
12.7 CITY, ST, ZIP	SUDBURY MA	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP		13.8 CITY, ST, ZIP	
12.9 NAME	D HAMPERS, CONSTANTINE L MD	13.9 TITLE	☐ Change ☐ Addition
12.10 STREET ADDRESS	EAST LAKE ROAD, BOX 494, OAKHILL	13.10 NAME	
12.11 CITY, ST, ZIP	DUBLIN NH	13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 NAME	VP SULLIVAN, EUGENE	13.13 TITLE	☐ Change ☐ Addition
12.14 STREET ADDRESS	132 GRANDVIEW AVE	13.14 NAME	
12.15 CITY, ST, ZIP	MONSEY NY	13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 NAME	T LIEBERMAN, MARC S	13.17 TITLE	☐ Change ☐ Addition
12.18 STREET ADDRESS	10 CROWN POINT ROAD	13.18 NAME	
12.19 CITY, ST, ZIP	SUDBURY MA	13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	
12.21 NAME	D LOWRIE, EDMUND G	13.21 TITLE	☐ Change ☐ Addition
12.22 STREET ADDRESS	57 JUNIPER ROAD	13.22 NAME	
12.23 CITY, ST, ZIP	WESTON MA	13.23 STREET ADDRESS	
12.24 CITY, ST, ZIP		13.24 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE: _____ MARC LIEBERMAN ASS'T TREASURER 4/27/95 607-460-9850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEE ATTACHED

**NMC MEDICAL PRODUCTS, INC.
LIST OF DIRECTORS AND OFFICERS**

EFFECTIVE 04/10/1995

DIRECTORS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
EDMUND G. LOWRIE, M.D.	DIRECTOR	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712
JOHN S. WALKER	DIRECTOR	079-30-9905	770 BOYLSTON STREET APT. 15J BOSTON, MA 02199

OFFICERS *****	OFFICE HELD *****	SS NUMBER *****	HOME ADDRESS *****
JOHN S. WALKER	PRESIDENT	079-30-9905	770 BOYLSTON STREET APT. 15J BOSTON, MA 02199
NORMAN ALT	VICE PRESIDENT	139-32-1783	28 WOODLAND AVENUE BRONXVILLE, NY 10708
EDMUND G. LOWRIE, M.D.	VICE PRESIDENT	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712
EUGENE SULLIVAN	VICE PRESIDENT	209-32-6602	32 GRANDVIEW AVENUE MONSEY, NY 10952
JOHN C. CARR	VICE PRESIDENT	238-72-4318	48 MERRILL DRIVE MAHWAH, NJ 07430
JOHN F. SCHAEFFER, PH.D.	VICE PRESIDENT	214-40-6841	44 MANOR DRIVE RAMSEY, NJ 07446
A. MILES NOGEOLO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
CHARLES ABDALIAN	SECRETARY	016-40-5910	8 OLD CHEMNEY ROAD UPPER SADDLE REVER NEW JERSEY 07458
JO ELLEN OJEDA	ASSISTANT SECRETARY	317-42-6979	25 OXBOW ROAD WELLESLEY, MA 02181

BUSINESS ADDRESS FOR OFFICERS/DIRECTORS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
(617)466-9850