

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 839762 (2)

1. Corporation Name

NMC MEDICAL PRODUCTS, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
12/30/1977

3a. Date of Last Report
05/01/1995

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

28 Zip Country

24

29 30

4. FEI Number

11-2226337

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 has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

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

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 P
NAME SHAW, GLEN K
STREET ADDRESS 14 DEAL DRIVE
CITY-ST-ZIP DANBURY CT ☒ DELETE

TITLE T
NAME NOGEOLO, A. MILES
STREET ADDRESS 19 WASHINGTON STREET
CITY-ST-ZIP SUDBURY MA ☐ DELETE

TITLE D
NAME HAMPERS, CONSTANTINE L MD
STREET ADDRESS EAST LAKE ROAD, BOX 494, OAKHILL
CITY-ST-ZIP DUBLIN NH ☐ DELETE

TITLE VP
NAME SULLIVAN, EUGENE
STREET ADDRESS 132 GRANDVIEW AVE
CITY-ST-ZIP MONSEY NY ☐ DELETE

TITLE T
NAME LIEBERMAN, MARC S
STREET ADDRESS 10 CROWN POINT ROAD
CITY-ST-ZIP SUDBURY MA ☐ DELETE

TITLE D
NAME LOWRIE, EDMUND G
STREET ADDRESS 57 JUNIPER ROAD
CITY-ST-ZIP WESTON MA ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001794329
-04/25/96--01033--012
***\$800.00

SEE ATTACHED

22
4.24

14. I do 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS'T TREASURER

4-12-96 617-466-9850

CR2E034 (12/95)

NMC MEDICAL PRODUCTS, INC.
ERIKA INTERNATIONAL SALES CORPORATION
ERIKA OF TEXAS, INC.
THE MEDICAL ACCOUNTABILITY GROUP, INC.
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 03/15/1998

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444

JOHN S. WALKER	DIRECTOR	079-30-9905	770 BOYLSTON STREET APT. 15J BOSTON, MA 02199
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OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
JOHN S. WALKER	PRESIDENT	079-30-9905	770 BOYLSTON STREET APT. 15J BOSTON, MA 02199

EUGENE SULLIVAN	VICE PRESIDENT	209-32-6602	32 GRANDVIEW AVENUE MONSEY, NY 10952
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JOHN C. CARR	VICE PRESIDENT	238-72-4318	48 MERRILL DRIVE MAHWAH, NJ 07430
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JOHN F. SCHAEFFER, PH.D.	VICE PRESIDENT	214-40-6841	44 MANOR DRIVE RAMSEY, NJ 07446
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A. MILES NOGEO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
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MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
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CHARLES ABDALIAN	SECRETARY	016-40-5910	8 OLD CHEMNEY ROAD UPPER SADDLE REVER NEW JERSEY 07458
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JO ELLEN OJEDA	ASSISTANT SECRETARY	317-42-6979	25 OXBOW ROAD WELLESLEY, MA 02181
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BUSINESS ADDRESS FOR OFFICERS/DIRECTORS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
(617)466-9850