

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1998 APR 22 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 839762

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



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/1977

Suite, Apt. #, etc.

95 Hayden Ave  
Lexington MA

Suite, Apt. #, etc.

95 Hayden Ave.  
Lexington MA

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

11-2226337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	NOGEOLO, A. MILES	19 WASHINGTON STREET	SUDBURY MA
D	HAMPERS, CONSTANTINE L MD	EAST LAKE ROAD, BOX 494, OAKHILL	DUBLIN NH
VP	SULLIVAN, EUGENE	132 GRANDVIEW AVE	MONSEY NY
T	LIEBERMAN, MARC S	10 CROWN POINT ROAD	SUDBURY MA

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

900002502949-8

04/28/98 01268-001  
\*\*\*1817 FL \*\*\*908.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Cornie Bryan

REGISTERED AGENT MUST SIGN

Cornie Bryan, Special Asst. Secretary

Date 4.22.98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS'T TREASURER

3/15/98 (781) 402-9000

Date

Daytime Phone #

CR2E040 (8/97)

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**NMC MEDICAL PRODUCTS, INC.**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 2/24/98**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>BEN LIPPS</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>HEINZ SCHMIDT</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>BUSINESS ADDRESS</b>
<b>RICE POWELL</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>SARAH LUCAS</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>HEINZ SCHMIDT</b>	<b>TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>
<b>DANIEL SULLIVAN</b>	<b>ASSISTANT SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02173</b>