

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 # 839762

1. Corporation Name

NMC MEDICAL PRODUCTS, INC.

Principal Place of Business

95 HAYDEN AVE
LEXINGTON MA 02170

Mailing Address

95 HAYDEN AVE
LEXINGTON MA 02173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1977

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 02420

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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

10. Name and Address of New Registered Agent

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, RICE	1.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, HEINZ	2.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	2.4 CITY-ST-ZIP	02420
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, SARAH	3.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, DANIEL	4.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC S	5.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	5.4 CITY-ST-ZIP	02420
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, JAMES V	6.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	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:

Marc Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

781-402-9000

Daytime Phone #

CR2E034 (1/98)