

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
 09-06-2001 90268 017 ***550.00

DOCUMENT # F00000000690

1. Entity Name

PURITAN MEDICAL PRODUCTS, INC.

Principal Place of Business

**9101 BOND STREET
 OVERLAND PARK KS 66214**

Mailing Address

**9101 BOND STREET
 OVERLAND PARK KS 66214**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1873460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. 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)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SCHULTE, TED**
 STREET ADDRESS **3700 CRESTWOOD PARKWAY, SUITE 200**
 CITY-ST-ZIP **DULUTH GA 30096**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **FOWLER-HURT, SANDRA**
 STREET ADDRESS **3700 CRESTWOOD PARKWAY, SUITE 200**
 CITY-ST-ZIP **DULUTH GA 30096**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **CORNWELL, JEFFREY P**
 STREET ADDRESS **259 N. RADNOR-CHESTER ROAD, SUITE 100**
 CITY-ST-ZIP **RADNOR PA 19087**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **GRAFF, LES**
 STREET ADDRESS **259 N. RADNOR-CHESTER ROAD, SUITE 100**
 CITY-ST-ZIP **RADNOR PA 19087**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **CRAUN, TODD R**
 STREET ADDRESS **259 N. RADNOR-CHESTER ROAD, SUITE 100**
 CITY-ST-ZIP **RADNOR PA 19087**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **AS** ☐ Delete
 NAME **KEEN, GORDON L JR.**
 STREET ADDRESS **259 N. RADNOR-CHESTER ROAD, SUITE 100**
 CITY-ST-ZIP **RADNOR PA 19087**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 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

8/29/01

770.717.2200

Date

Daytime Phone #

CR2E034 (5/01)