

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90024 026 ***150.00

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.

01142004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
43-1873460

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME EDWARDS, HAROLD
STREET ADDRESS 9101 BOND STREET
CITY-ST-ZIP OVERLAND PARK, KS 66214

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **TED SCHULTE**
STREET ADDRESS **6340 SUGARLOAF PARKWAY, SUITE 300**
CITY-ST-ZIP **DULUTH GA 30097**

TITLE VP ☐ Delete
NAME **FERES, WILLIAM FETTES**
STREET ADDRESS 9101 BOND STREET
CITY-ST-ZIP OVERLAND PARK, KS 66214

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

TITLE VD ☐ Delete
NAME MC LAUGHUN, ROBERT
STREET ADDRESS **259 N. RADNOR-CHESTER ROAD, SUITE 100**
CITY-ST-ZIP RADNOR, PA 19087

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

TITLE S ☐ Delete
NAME BERTOWNO, DEAN A
STREET ADDRESS 259 N RADNOR CHESTER RD., STE 100
CITY-ST-ZIP RADNOR, PA 19087

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

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

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

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
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Fettes* **WILLIAM FETTES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2004 **913-495-3600**
Date Daytime Phone #