

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90191 046 ***150.00

DOCUMENT # F00000003509

1. Entity Name

BOSTON MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

**607 NORTH AVENUE, SUITE 15
 WAKEFIELD MA 01880**

Mailing Address

**607 NORTH AVENUE, SUITE 15
 WAKEFIELD MA 01880**

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

04-3426720

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	DP	<input checked="" type="checkbox"/> Delete
NAME	SCHAFER, JOHN C	
STREET ADDRESS	607 NORTH AVENUE, SUITE 15	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COHEN, ALAN M	
STREET ADDRESS	607 NORTH AVENUE, SUITE 15	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, HARRY G	
STREET ADDRESS	607 NORTH AVENUE, SUITE 15	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARABILLO, ERNEST JR	
STREET ADDRESS	607 NORTH AVENUE SUITE 15	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, JOHN III	
STREET ADDRESS	607 NORTH AVENUE SUITE 15	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENNOX, RONALD W	
STREET ADDRESS	607 NORTH AVENUE SUITE 15	
CITY-ST-ZIP	WAKEFIELD MA 01880	

TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAY, Bradford R.	
STREET ADDRESS	607 North Avenue, Suite 15	
CITY-ST-ZIP	Wakefield, MA 01880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

781-213-9200

CR2E034 (9/01)