


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90083 023 \*\*\*193.75

DOCUMENT # F0200000985			
1. Entity Name PROXIMA THERAPEUTICS, INC.			
Principal Place of Business 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005		Mailing Address 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005	
2. Principal Place of Business 250 Campus Dr Suite, Apt. #, etc.		3. Mailing Address 250 Campus Dr Suite, Apt. #, etc.	
City & State Marlborough, MA		City & State Marlborough, MA	
Zip 01762	Country US	Zip 01762	Country US
4. FEI Number 41-1816094		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PATRICK, TIMOTHY J 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEO - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patrick J Sullivan 250 Campus Dr Marlborough, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACKBURN, REGGIE 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / CFO - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition timothy m Adams 250 Campus Dr Marlborough, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS PIZZO, III, PETER J 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition A. Suzanne Meszner-Eitrich 250 Campus Dr Marlborough, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEHRA, JOHN M 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dania J Levanque 250 Campus Dr Marlborough, MA 01752
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADLEY, CHARLES 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRANT, RYAN 2555 MARCONI DRIVE, SUITE 220 ALPHARETTA, GA 30005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 7/16/06 508-263-8344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

C Y T Y C

ATTACHMENT  
40099605



July 5, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Proxima Therapeutics, Inc.  
E02000000985

To Whom It May Concern:

Please find enclosed our 2006 Annual Report – we have not received previous communication from the State as the mailing address was changed. Also enclosed is an application to change the name of the corporation, effective March 7, 2005.

Correct information:  
Cytoc Surgical Products II, Inc.  
250 Campus Drive  
Marlborough, M 01752

A check is enclosed in the amount of \$193.75 for the following:  
Annual Report fee \$150.00  
Filing fee for name change \$35.00  
Certificate of status \$8.75

If you have any questions, I can be reached at 508-263-8344. Thank you for your attention and cooperation.

Sincerely,

*Karen Miller*

Karen Miller  
State Tax Manager  
Cytoc Corporation

**ATTACHMENT**

40099605

**PROFIT CORPORATION**

**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

F02000000985

(Document number of corporation (if known))

1. Proxima Therapeutics, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. \_\_\_\_\_

(Date authorized to do business in Florida)

**SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? March 7, 2005

5. Cytec Surgical Products II, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

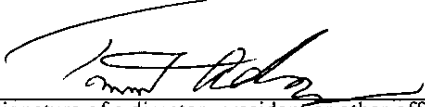
n/a

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a

(New jurisdiction)

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Timothy Adams

(Typed or printed name of person signing)

CFO/VP/Treasurer

(Title of person signing)