FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90025 024 ***150.00

DOCUMENT # F03000000525

1. Entity Name
Bridge Medical, Inc.

DO NOT WRITE IN THIS SPACE

24001018
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1300 Morris Drive	1300 Morris Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chesterbrook, PA	City & State: Chesterbrook, PA
Zip: 19087 Country: USA	Zip: 19087 Country: USA

4. FEI Number: 59-3762480 — Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable):
1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	John B. Grotting	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY-ST-ZIP	Chesterbrook, PA 19087	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	Michael D. DiCandilo	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY-ST-ZIP	Chesterbrook, PA 19087	CITY-ST-ZIP	
TITLE	VP And Corporate Treasurer	TITLE	
NAME	J. F. Quinn	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Chesterbrook, PA 19087	CITY-ST-ZIP	
TITLE	SVP, General Counsel and Secretary	TITLE	**IN THIS SPACE**
NAME	William D. Sprague	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY-ST-ZIP	Chesterbrook, PA 19087	CITY-ST-ZIP	
TITLE	Assistant Secretary	TITLE	
NAME	Vicki L. Bausinger	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY-ST-ZIP	Chesterbrook, PA 19087	CITY-ST-ZIP	
TITLE	Assistant Secretary	TITLE	
NAME	Daniel T. Hirst	NAME	
STREET ADDRESS	1300 Morris Drive	STREET ADDRESS	
CITY-ST-ZIP	Chesterbrook, PA 19087	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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. Hirst Daniel T. Hirst 1/5/2004 (610-727-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

FL210 - 1/09/03 C T System Online

7003 1680 0005 2947 9106