


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90018 040 ***150.00

DOCUMENT # F03000000525		
1. Entity Name BRIDGE MEDICAL, INC.		

Principal Place of Business 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
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2. Principal Place of Business 1300 Morris Drive Suite, Apt. #, etc.	3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc.
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City & State Chesterbrook, PA Zip 19087 Country USA	City & State Chesterbrook, PA Zip 19087 Country USA
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01102005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3762480	Applied For 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	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GROTING, JOHN B
STREET ADDRESS	1300 MORRIS DR.
CITY-ST-ZIP	CHESTERBROOK, PA 19087
TITLE	SVP <input type="checkbox"/> Delete
NAME	DICANDILO, MICHAEL D
STREET ADDRESS	1300 MORRIS DRIVE
CITY-ST-ZIP	CHESTERBROOK, PA 19087
TITLE	VPCT. <input type="checkbox"/> Delete
NAME	QUIN, J F
STREET ADDRESS	1300 MORRIS DR.
CITY-ST-ZIP	CHESTERBROOK, PA 190875594
TITLE	SVP <input type="checkbox"/> Delete
NAME	SPRAGUE, WILLIAM D
STREET ADDRESS	1300 MORRIS DRIVE
CITY-ST-ZIP	CHESTERBROOK, PA 19087
TITLE	AS <input type="checkbox"/> Delete
NAME	BAUSINGER, VICKI L
STREET ADDRESS	1300 MORRIS DRIVE
CITY-ST-ZIP	CHESTERBROOK, PA 190875594
TITLE	AS <input type="checkbox"/> Delete
NAME	HIRST, DANIEL T
STREET ADDRESS	1300 MORRIS DRIVE
CITY-ST-ZIP	CHESTERBROOK, PA 190875594

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denean Rivera
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SVP + CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.F. Quinn
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	General Counsel + Secretary <input type="checkbox"/> Change <input checked="" 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	

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: Daniel T. Hirst DANIEL T. HIRST 3/9/2005 610 727-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #