SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000203 (0)

1. Corporation Name
MASSACHUSETTS MEDICAL SPECIALTIES CO., INC.

Principal Place of Business	Mailing Address
58 NORFOLK DRIVE SOUTH EASTON MA 02375	58 NORFOLK DRIVE SOUTH EASTON MA 02375

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 04-2816473 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	T/S	☒ Change ☐ Addition
NAME	KHEDERIAN, ROBERT P	1.2 NAME	KERRY HOPKIN	
STREET ADDRESS	58 NORFOLK DRIVE	1.3 STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	1.4 CITY-ST-ZIP	SOUTH EASTON, MA 02375	
TITLE	S	2.1 TITLE	P	☒ Change ☐ Addition
NAME	GREENBLATT, MARTIN	2.2 NAME	WHISNANT, JOHN	
STREET ADDRESS	58 NORFOLK DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH EASTON MA 02375	2.4 CITY-ST-ZIP		
TITLE	TAS	3.1 TITLE		☐ Change ☐ Addition
NAME	COSTA, MICHAEL	3.2 NAME		
STREET ADDRESS	58 NORFOLK DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH EASTON MA 02375	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMONI, CARLO	4.2 NAME		
STREET ADDRESS	12 EAST 86TH STREET, NO. 207	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10028	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RAND, JOHN F	5.2 NAME		
STREET ADDRESS	950 17TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80202	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE		☐ Change ☐ Addition
NAME	WHISNANK, JOHN	6.2 NAME		
STREET ADDRESS	58 NORFOLK AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SO EASTON MA	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ July 5, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

017/000 FN