PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCUMENT # F9300005799 (2) ACUFEX MICROSURGICAL, INC. | | | | A LITERIAR DRE LANGUAR DUDU REGUL | OJAN DEKA JEKIN 1811 BANG MANG MANENDAN NAN |
|---|--|---|--|--|--|
| Principal Place | of Business | Mahing Address | ·· ···· ·- •· • | | |
| 130 FORBES BLVD. MANSFIELD MA 02048 US | | ONE CYANAMID PLAZA WAYNE NJ 07470 | | | |
| | | | | Date Incorporated or Qualified 12/21/1993 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Pia | ce of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| 11 | | 26 1450 Broo | oks Road | 04-2700313 | Not Applicable |
| Suite, Apt # | , etc. | Suite, Apt #, etc | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | 6. Election Campaign Financing | Fee Required |
| 3 | | 28 Memphis, | TN | Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zφ | Country | Zip | Country | 8. This corporation has liability for | or intangible tax under s. 199.032, |
| 4 | 25 | 29 38116 | 30 USA | | es 🗌 No |
| | g, Name and Address of Curre | ent Hegistered Agent | 81 Name | 10. Name and Address of New | Registered Agent |
| CT COR | PORATION SYSTEM | | | | |
| | OUTH PINE ISLAND ROAD | | 82 Street Add | dress (P.O. Box Number is Not Accept | table) |
| | TION FL 33324 | | 83 | | |
| . = | | | 84 City | | 12-12-0-4 |
| | | | City | | FL 85 Zip Code |
| 11. Pursuant to or registere | the provisions of Sections 607.050 ad agent, or both, in the State of Fluid | n2 and 607.1508, Florida Statut rida, Such change was authorization 607.0505. It was a such change | tes, the above named corporation's bo | oration submits this statement for the plans of directors. Thereby accept the ap | nurpose of changing its registered office ppointment as registered agent. I am |
| signature | a, and accept the obligations of, Sec | ation 607.0505, Honda Statute: | S. The Hogestorical Agent segmature respons | god which record thigh | (satè |
| SIGNATURE _ | n, and accept the obligations of, Sec Symilize, typed or partied name of registered age OFFICERS AN | uton 607.0505, Florida Statute: etara neurappicaria ND DIRECTORS | S. (TE: Respectioned April sognature responsible). | end who recent they ADDITIONS/CHANGES TO O | EATE FFICERS AND DIRECTORS IN 12 |
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SIGNATURE:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytone Phone #