

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005799 (2)

1. Corporation Name

ACUFEX MICROSURGICAL, INC.



Principal Place of Business

Mailing Address

130 FORBES BLVD.
MANSFIELD MA 02048
US

ONE CYANAMID PLAZA
WAYNE NJ 07470

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 1450 Brooks Road

22 City & State

27 City & State

23 Zip

Country

28 Memphis, TN

29 Zip

Country

24

25

30 38116

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/21/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

04-2700313

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title, if applicable

(If the Registered Agent is a corporation, the signature of the officer or director of the corporation is required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STITT, J. R.	
STREET ADDRESS	130 FORBES BLVD.	
CITY- ST- ZIP	MANSFIELD MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NEE, T. M.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	SAMUEL, C. M.	
STREET ADDRESS	ONE CYANAMID PLAZA	
CITY- ST- ZIP	WAYNE NJ	
TITLE	E	<input checked="" type="checkbox"/> DELETE
NAME	EMERLING, C. G.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STAFFORD, J. R.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOUNT, R. G.	
STREET ADDRESS	FIVE GIRALDA FARMS	
CITY- ST- ZIP	MADISON NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Charles Federico	
13 STREET ADDRESS	160 Dascomb Road	
14 CITY- ST- ZIP	Andover, MA 01810	
21 TITLE	Treasurer/VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	P. David Southworth	
23 STREET ADDRESS	1450 Brooks Road	
24 CITY- ST- ZIP	Memphis, TN 38116	
31 TITLE	Secretary-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ben Parrish	
33 STREET ADDRESS	1450 Brooks Road	
34 CITY- ST- ZIP	Memphis, TN 38116	
41 TITLE	Director - CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jack Blair	
43 STREET ADDRESS	1450 Brooks Road	
44 CITY- ST- ZIP	Memphis, TN 38116	
51 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Hooks Johnston	
53 STREET ADDRESS	160 Dascomb Road	
54 CITY- ST- ZIP	Andover, MA 01810	
61 TITLE	Sr. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Gary Henley	
63 STREET ADDRESS	160 Dascomb Road	
64 CITY- ST- ZIP	Andover, MA 01810	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)