2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004
Secretary of State

DOCUMENT# F94000000214

Entity Name: OXFORD INSTRUMENTS MEDICAL INC.

Current Principal Place of Business:

12 SKYLINE DR
SUITE 230
HAWTHORNE, NY 10532 US

New Principal Place of Business:

Current Mailing Address:

12 SKYLINE DR
SUITE 230
HAWTHORNE, NY 10532 US

New Mailing Address:

FEI Number: 22-2691299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATTINSON, MICHAEL P R
Address: 12 SKYLINE DRIVE
City-St-Zip: HAWTHORNE, NY 10532

Title: S ( ) Delete
Name: POLLACK, J
Address: 37 FOX HILL RD
City-St-Zip: NEWTON, MA 02159

Title: T ( ) Delete
Name: PAGE, KERI
Address: 12 SKYLINE DR SUITE 230
City-St-Zip: HAWTHORNE, NY 10532

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERI J. PAGE T 01/13/2004

Electronic Signature of Signing Officer or Director Date