


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 AUG -2 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000214					
1. Entity Name OXFORD INSTRUMENTS MEDICAL INC.					
Principal Place of Business 12 SKYLINE DR SUITE 230 HAWTHORNE, NY 10532 US			Mailing Address 12 SKYLINE DR SUITE 230 HAWTHORNE, NY 10532 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 227 Washington St., Ste. 200			
City & State		City & State Conshohocken, PA			
Zip	Country	Zip 19428	Country US	4. FEI Number 22-2691299	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			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 _____ DATE 08/09/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLACK, J 37 FOX HILL RD NEWTON, MA 02159 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lori Cross 227 Washington Street, Suite 200 Conshohocken, PA 19428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAGE, KERI 12 SKYLINE DR SUITE 230 HAWTHORNE, NY 10532 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Terry Tidwell 227 Washington Street, Suite 200 Conshohocken, PA 19428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Secretary Matthew M. Bennett 227 Washington Street, Suite 200 Conshohocken, PA 19428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wesley N. Riemer 227 Washington Street, Suite 200 Conshohocken, PA 19428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Wesley N. Riemer</u> Date <u>(610) 862-0800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					