

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

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000005100 (2)

1. Corporation Name

BIOTRAX INTERNATIONAL, INC.



Principal Place of Business

1601 TRAPELO RD.  
RESERVOIR PLACE  
WALTHAM MA 02154

Mailing Address:

1601 TRAPELO RD.  
RESERVOIR PLACE  
WALTHAM MA 02154

3. Date Incorporated or Qualified

09/30/1994

3a. Date of Last Report

08/15/1995

2. Principal Place of Business

2a. Mailing Address:

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

04-3222463

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME LOWRIE, ERNESTINE M  
STREET ADDRESS 1601 TRAPELO RD.  
CITY-ST-ZIP WALTHAM MA

TITLE VD ☐ DELETE

NAME HAMPERS, CONSTANTINE L  
STREET ADDRESS 1601 TRAPELO RD.  
CITY-ST-ZIP WALTHAM MA

TITLE T ☐ DELETE

NAME NOGEOLO, A MILES  
STREET ADDRESS 1601 TRAPELO RD.  
CITY-ST-ZIP WALTHAM MA

TITLE V ☐ DELETE

NAME MORIARTY, PATRICK  
STREET ADDRESS 1601 TRAPELO RD.  
CITY-ST-ZIP WALTHAM MA 02154

TITLE S ☐ DELETE

NAME KEMBEL, DAVID A  
STREET ADDRESS 1601 TRAPELO RD.  
CITY-ST-ZIP WALTHAM MA

TITLE V ☐ DELETE

NAME MARAIST, LEON  
STREET ADDRESS 1601 TRAPELO RD.  
CITY-ST-ZIP WALTHAM MA 02154

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

900001794309  
-04/25/96--01033--012

\*\*\*5800.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

100001794309  
-04/25/96--01033--011

\*\*\*200.00

SEE ATTACHED

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

ASS'T TREASURER

4-12-96 617-466-9850  
Date Daytime Phone #

CR2E034 (12/95)

**NMC DIAGNOSTIC SERVICES  
GROUP OF CORPORATIONS  
LIST OF DIRECTORS AND OFFICERS**

**EFFECTIVE 03/15/1996**

<b>DIRECTORS</b> .....	<b>OFFICE HELD</b> .....	<b>SS NUMBER</b> .....	<b>HOME ADDRESS</b> .....
<b>CONSTANTINE HAMPERS, M.D.</b>	<b>DIRECTOR</b>	<b>190-24-4386</b>	<b>EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444</b>
<b>GEOFFREY SWETT</b>	<b>DIRECTOR</b>	<b>144-40-8739</b>	<b>11 INDEPENDENCE RD PEPPERELL, MA 01463</b>

.....

<b>OFFICERS</b> .....	<b>OFFICE HELD</b> .....	<b>SS NUMBER</b> .....	<b>HOME ADDRESS</b> .....
<b>GEOFFREY SWETT</b>	<b>PRESIDENT</b>	<b>144-40-8739</b>	<b>11 INDEPENDENCE RD PEPPERELL, MA 01463</b>
<b>CONSTANTINE HAMPERS, M.D.</b>	<b>VICE PRESIDENT</b>	<b>190-24-4386</b>	<b>EAST LAKE ROAD BOX 494, OAKHILL</b>
<b>LEON MARAIST</b>	<b>VICE PRESIDENT</b>	<b>434-60-5838</b>	<b>74 CHARTER ROAD ACTON, MA 01720</b>
<b>PATRICK MORIARTY</b>	<b>VICE PRESIDENT</b>	<b>021-38-2035</b>	<b>10 HENDERSON WAY MEDFIELD, MA 02052</b>
<b>A. MILES NOGEOLO</b>	<b>TREASURER</b>	<b>012-34-5855</b>	<b>19 WASHINGTON DRIVE SUDBURY, MA 01776</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>108-38-6181</b>	<b>10 CROWN POINT ROAD SUDBURY, MA 01776</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>010-34-9716</b>	<b>50 SUNNYSIDE AVENUE READING, MA 01867</b>
<b>CAROL E. BOWEN</b>	<b>ASSISTANT SECRETARY</b>	<b>139-44-5208</b>	<b>187 GROVE STREET LEXINGTON, MA 02173</b>
<b>DAVID A. KEMBEL</b>	<b>SECRETARY</b>	<b>522-55-5894</b>	<b>151 REED FARM ROAD BOXBOROUGH, MA 01719</b>

**\*BUSINESS ADDRESS FOR OFFICERS/DIRECTORS\***  
**RESERVOIR PLACE**  
**1601 TRAPELO ROAD**  
**WALTHAM, MA 02154**  
**(617)466-9850**