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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
JOINT MEDICAL PRODUCTS CORPORATION

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 03         |
| Estimated Charge      | \$3,150.00 |

Electronic Filing Menu

Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 MAY 15 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005922

1. Corporation Name

Joint Medical Products Corporation

2. Principal Office Address - No P.O. Box #

325 Paramount Drive

Suite, Apt. #, etc.

City & State

Raynham, MA

Zip

02767-0350

Country

USA

3. Mailing Office Address

325 Paramount Drive

Suite, Apt. #, etc.

City & State

Raynham, MA

Zip

02767-0350

Country

USA

CR28081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 11/16/1994

5. FEI Number

061068394

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
|        | See attached Schedule A              |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

REINSTATEMENT 46-2012

MAY 15 2012

T. GOETT

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert L. Zoeca

Robert L. Zoeca

04/23/2012

(732) 524 0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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# Joint Medical Products Corporation

Date 04/23/2012  
325 Paramount Drive  
Raynham MA 02767-0350

## Current Elections / Appointments

### Board Positions

| Name          | Position | Appointed  | Job Title | Appt. Grp. | Status | Reminder                            | Att. |
|---------------|----------|------------|-----------|------------|--------|-------------------------------------|------|
| Ryan, Scott R | Director | 04/01/2009 | Director  | Directors  |        | <input checked="" type="checkbox"/> |      |

### Officers

| Name                  | Position            | Appointed  | Job Title           | Appt. Grp. | Status | Reminder                            | Att. |
|-----------------------|---------------------|------------|---------------------|------------|--------|-------------------------------------|------|
| Batesko III, Peter    | President           | 06/01/2006 | President           | Officers   |        | <input checked="" type="checkbox"/> |      |
| Stockburger, Alleen P | Vice President      | 02/26/2010 | Vice President      | Officers   |        | <input checked="" type="checkbox"/> |      |
| Riggs, Mary E         | Treasurer           | 07/14/2008 | Treasurer           | Officers   |        | <input checked="" type="checkbox"/> |      |
| Ryan, Scott R         | Secretary           | 04/01/2009 | Secretary           | Officers   |        | <input checked="" type="checkbox"/> |      |
| Barnett, Cynthia K    | Assistant Secretary | 12/13/2006 | Asst Secretary      | Officers   |        | <input checked="" type="checkbox"/> |      |
| Chung, Daniel         | Assistant Secretary | 08/10/2011 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |
| Elberg, Lacey P       | Assistant Secretary | 08/10/2011 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |
| Farmer, Andrew C      | Assistant Secretary | 10/01/1999 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |
| Manich, Stephen       | Assistant Secretary | 12/13/2006 | Asst Secretary      | Officers   |        | <input checked="" type="checkbox"/> |      |
| Moore, Monte B        | Assistant Secretary | 12/13/2006 | Asst. Secretary     | Officers   |        | <input checked="" type="checkbox"/> |      |
| Rickles, Laurence S   | Assistant Secretary | 03/13/1997 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |
| Rosenberg, Steven M   | Assistant Secretary | 06/29/1995 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |
| Sharkey, John F       | Assistant Secretary | 02/01/2005 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |
| Shlitz, Joseph F      | Assistant Secretary | 10/01/1999 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |
| Zocca, Robert L       | Assistant Secretary | 06/29/1995 | Assistant Secretary | Officers   |        | <input checked="" type="checkbox"/> |      |