2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000006273

1. Entity Name
B. BRAUN MEDICAL, INC.

Principal Place of Business	Mailing Address
824 12TH AVE. BETHLEHEM, PA 18018	PO BOX 4027 BETHLEHEM, PA 18018-0027 US

02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2116774
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32314

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)* DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000229507
02/14/05-80081-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	COOD
NAME	DEGOEDE, WILLEM J
STREET ADDRESS	824 12TH AVE.
CITY-ST-ZIP	BETHLEHEM, PA 18018
TITLE	CD
NAME	NEUBAUER, CAROLL
STREET ADDRESS	824 12TH AVE.
CITY-ST-ZIP	BETHLEHEM, PA 18018
TITLE	SRV
NAME	HEUGEL, BRUCE A
STREET ADDRESS	824 12TH AVE.
CITY-ST-ZIP	BETHLEHEM, PA 18018
TITLE	T
NAME	WOOD, PETER G
STREET ADDRESS	824 12TH AVE.
CITY-ST-ZIP	BETHLEHEM, PA 18018
TITLE	S
NAME	DINARDO, CHARLES A
STREET ADDRESS	824 TWELFTH AVE
CITY-ST-ZIP	BETHLEHEM, PA 18018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ PETER G. WOOD 2/10/05 610-691-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #