

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001115 (3)

1. Corporation Name

EBI MEDICAL SYSTEMS, INC.

Principal Place of Business

Mailing Address

6 UPPER POND RD.
PARSIPPANY NJ 07054

6 UPPER POND RD.
PARSIPPANY NJ 07054



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

N/A

4. FEI Number

22-2406619

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

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 reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PASTENA, JAMES R
STREET ADDRESS 6 UPPER POND RD.
CITY-ST-ZIP PARSIIPPANY NJ 07054

☐ DELETE

TITLE V
NAME PEREZ, MARSHALL L
STREET ADDRESS 6 UPPER POND RD.
CITY-ST-ZIP PARSIIPPANY NJ 07054

☐ DELETE

TITLE S
NAME HANN, DANIEL P
STREET ADDRESS 6 UPPER POND RD.
CITY-ST-ZIP PARSIIPPANY NJ 07054

☐ DELETE

TITLE T
NAME DAMBACH, PETER S
STREET ADDRESS 6 UPPER POND RD.
CITY-ST-ZIP PARSIIPPANY NJ 07054

☐ DELETE

TITLE D
NAME MILLER, DANE L
STREET ADDRESS 6 UPPER POND RD.
CITY-ST-ZIP PARSIIPPANY NJ 07054

☐ DELETE

TITLE D
NAME NOBLITT, NILES L
STREET ADDRESS 6 UPPER POND RD.
CITY-ST-ZIP PARSIIPPANY NJ 07054

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(See attached "Exhibit A" for additional officers and directors.)

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 in 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 617, 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

6/17/96

(219)267-6639

CR2E034 (3/96)

F95000001115

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" E X H I B I T A "

EBI MEDICAL SYSTEMS, INC.

V
Bracco, Salvatore C.
6 Upper Pond Road
P.O. Box 346
Parsippany, NJ 07054

Addition

V/AS
Gounaris, Nicholas L.
6 Upper Pond Road
P.O. Box 346
Parsippany, NJ 07054

Addition