

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000006064**

1. Entity Name

TECHNOLOGY IN MEDICINE, INC.**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90126 016 ***150.00

Principal Place of Business

**115 WATER STREET
MILFORD MA 01757**

Mailing Address

**115 WATER STREET
MILFORD MA 01757**

00043400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **04-2746437**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **BLAHA, JOHN E**
STREET ADDRESS **115 WATER STREET**
CITY-ST-ZIP **MILFORD MA 01757**TITLE **SD** ☐ Delete
NAME **ARONOW, SAUL**
STREET ADDRESS **115 WATER STREET**
CITY-ST-ZIP **MILFORD MA 01757**TITLE **D** ☐ Delete
NAME **CONGDON, RICHARD G**
STREET ADDRESS **115 WATER STREET**
CITY-ST-ZIP **MILFORD MA**TITLE **VD** ☐ Delete
NAME **MONAHAN JR. PAUL C.**
STREET ADDRESS **115 WATER STREET**
CITY-ST-ZIP **MILFORD MA**TITLE **D** ☐ Delete
NAME **GASPAROVIC, WALTER E**
STREET ADDRESS **115 WATER ST**
CITY-ST-ZIP **MILFORD MA 01757**TITLE **D** ☐ Delete
NAME **VIEIRA, ROBERT A**
STREET ADDRESS **115 WATER STREET**
CITY-ST-ZIP **MILFORD MA 01757**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. BLAHA, TREASURER

Date

4/16/2001 (508) 478-7515

Daytime Phone #

CR2E034 (10/00)

Attachment
#D0045255

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006064

1. Entity Name

TECHNOLOGY IN MEDICINE, INC.

FEI Number **04-2746437**

11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ZAMBUTO, RAYMOND P
STREET ADDRESS	115 WATER STREET
CITY-ST-ZIP	MILFORD MA 01757
TITLE	SD
NAME	ARONOW, SAUL
STREET ADDRESS	115 WATER STREET
CITY-ST-ZIP	MILFORD MA 01757
TITLE	VD
NAME	MONAHAN JR. PAUL C.
STREET ADDRESS	115 WATER STREET
CITY-ST-ZIP	MILFORD MA 01757
TITLE	D
NAME	GASPAROVIC, WALTER E
STREET ADDRESS	115 WATER STREET
CITY-ST-ZIP	MILFORD MA 01757
TITLE	D
NAME	CONGDON, RICHARD G
STREET ADDRESS	115 WATER STREET
CITY-ST-ZIP	MILFORD MA 01757
TITLE	D
NAME	VIERA, ROBERT A
STREET ADDRESS	115 WATER STREET
CITY-ST-ZIP	MILFORD MA 01757
TITLE	T
NAME	BLAHA, JOHN E
STREET ADDRESS	115 WATER STREET
CITY-ST-ZIP	MILFORD MA 01757