

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90076 046 ***150.00

DOCUMENT # F95000006064

1. Entity Name

TECHNOLOGY IN MEDICINE, INC.

Principal Place of Business

**115 WATER STREET
MILFORD MA 01757**

Mailing Address

**115 WATER STREET
MILFORD MA 01757**

2. Principal Place of Business

325 HOPPING BROOK ROAD

3. Mailing Address

325 HOPPING BROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLISTON, MA

City & State

HOLLISTON, MA

Zip

01746

Country

US

Zip

01746

Country

US

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BLAHA, JOHN E	
STREET ADDRESS	115 WATER STREET	
CITY-ST-ZIP	MILFORD MA 01757	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARONOW, SAUL	
STREET ADDRESS	115 WATER STREET	
CITY-ST-ZIP	MILFORD MA 01757	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONGDON, RICHARD G	
STREET ADDRESS	115 WATER STREET	
CITY-ST-ZIP	MILFORD MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MONAHAN JR. PAUL C.	
STREET ADDRESS	115 WATER STREET	
CITY-ST-ZIP	MILFORD MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASPAROVIC, WALTER E	
STREET ADDRESS	115 WATER ST	
CITY-ST-ZIP	MILFORD MA 01757	
TITLE	D	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SEE ATTACHED

CR2E034 (9/01)

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

3/12/2002 (503) 893-9500

Date

Daytime Phone #