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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **F96000004019 (3)**

1. Corporation Name
B & K MEDICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
267 BOSTON RD., BLDG. A N. BILLERICA MA 01862	267 BOSTON RD., BLDG. A N. BILLERICA MA 01862-2310

3. Date Incorporated or Qualified: 08/07/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 04-3154008 ☐ 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

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SOSHNICK, JULIAN		1.2 NAME		
STREET ADDRESS	67 WINTHROP ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLESTOWN MA 02129		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GARR, BRUCE		2.2 NAME		
STREET ADDRESS	18 CORDIS ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLESTOWN MA 02129		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, NIELS K		3.2 NAME		
STREET ADDRESS	SANDTOFTEN, #9 DK-2820 GENTOFTE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DENMARK		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, WILLIAM T		4.2 NAME		
STREET ADDRESS	4 EMERSON CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY MA 01915		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TARELLO, JOHN A		5.2 NAME		
STREET ADDRESS	25 RUSTIC LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	READING MA 01867		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/8/97