

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90082 009 ***558.75

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



Principal Place of Business
**250 ANDOVER ST
WILMINGTON, MA 01887**

Mailing Address
**250 ANDOVER ST
WILMINGTON, MA 01887**

20063865



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
04-3154008

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
GORDON, BERNARD M
8 CENTENNIAL DRIVE
PEABODY, MA 01960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MILLERICK, JOHN
8 CENTENNIAL DRIVE
PEABODY, MA 01960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GREGORY, WILLIAM T
4 EMERSON CIRCLE
BEVERLY, MA 01915** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SOSHNICK, JULIAN
8 CENTENNIAL DRIVE
PEABODY, MA 01960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AC
GARR, BRUCE
8 CENTENNIAL DRIVE
PEABODY, MA 01960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
ALEX A VAN ADZIN
43 Washington St
Winchester, MA 01890** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
LOTHAR KOOB
30 Hawk Hill Ln
Ipswich, MA 01938** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
JOHN W. WOOD
132 Williams Street
Concord, MA 01742** ☐ Change ☒ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**William T. Gregory
President**

7-12-05

800-876-7226