2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

								SCCI CU		/	
DOCUMENT # F9600004019 1. Entity Name B & K MEDICAL SYSTEMS, INC.								01-23-2006	•		
Principal Plac	e of Business	<u> </u>	Mailing Address				0001100				
250 ANDOVE			250 ANDOVER ST								
WILMINGTON		7	WILMINGTON, MA								
"""	.,	•	Million Coop, Max	01007							
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2. Principal Place of Business			3. Mailing Address								
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01122006	Chg-P	CR2E03	4 (11/05)	
City P Ct-1											
City & State	e		City & State				4. FEI Numbe				plied For
Zip		Country	1 7 2		note :		04-3154	1000			t Applicable
_ Σίρ		Country	Zip	Cour	ıuy		5. Certificate	of Status Desired		8.75 Add	
	f. Name	and Address of Current	Registered Agent		T		7 Name and	Address of New Ro		<u></u>	<u> </u>
	0. 7121110	Lina Addition of Contone	registered Agent		Name		1. Italia alia	Address of New At	agistered Af	ion.	-
CTCORP	ORATION	SYSTEM					 -				
1200 SOU	TH PINE I	SLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)						
PLANTATI	ION, FL 3	3324									
Ę					City				FL	Zip Code	9
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	tions of regist	y submits this statement fo ered agent.	ir the purpose of changi	ng its register	ea oπice or	r registere	ed agent, or both	n, in the State of Fio	rida. I am ta	miliar with,	and accept
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SIGNATURE_	Ciaratina Anna	or printed name of registered agent									
	Signature, typed										
		or buriter, timus or refristered affects	and title if applicable.	(NOTE: Register	ed Agent signate	beriuper eru	when reinstating)		DATE		-
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CONCORD, MA 01742

CITY-ST-ZIP

SIGNATURE:					Contrucea	1/12/06	800-876-72	76
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR				Date	•	Daytime Phone #	