

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004019

Entity Name: B & K MEDICAL SYSTEMS, INC.

FILED
Jul 25, 2007
Secretary of State

Current Principal Place of Business:

250 ANDOVER ST
WILMINGTON, MA 01887

New Principal Place of Business:

Current Mailing Address:

250 ANDOVER ST
WILMINGTON, MA 01887

New Mailing Address:

FEI Number: 04-3154008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: VAN ADZIN, ALLEX A.
Address: 43 WASHINGTON STREET
City-St-Zip: WINCHESTER, MA 01890

Title: T () Delete
Name: MILLERICK, JOHN
Address: 212 COUNTRY CLUB WAY
City-St-Zip: IPSWICH, MA 01938

Title: P () Delete
Name: GREGORY, WILLIAM T
Address: 6174 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete
Name: KOOB, LOTHAR
Address: 30 HAWK HILL LANE
City-St-Zip: IPSWICH, MA 01938

Title: AC () Delete
Name: GARR, BRUCE
Address: 18 CORDIS STREET
City-St-Zip: CHARLESTOWN, MA 02129

Title: D (X) Delete
Name: WOOD, JOHN W.
Address: 132 WILLIAMS STREET
City-St-Zip: CONCORD, MA 01742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GREGORY, WILLIAM
Address: 6174 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY CLARK

DOF

07/25/2007

Electronic Signature of Signing Officer or Director

Date