

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Sep 30 1998 8:00am  
Secretary of State

DOCUMENT # **F96000005609 (0)**

1. Corporation Name  
**NORLAND MEDICAL SYSTEMS, INC.**



Principal Place of Business  
**106 CORPORATE PARK DR. SUITE 106  
WHITE PLAINS NY 10604**

Mailing Address  
**106 CORPORATE PARK DR. SUITE 106  
WHITE PLAINS NY 10604**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

**10/29/1996**

4. FEI Number

**06-1387931**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPD**  
NAME **BONMATI, REYNALD G**  
STREET ADDRESS **BEACH RD, PREMIUM POINT**  
CITY-STATE-ZIP **NEW ROCHELLE NY 10801**

☐ DELETE

TITLE **D**  
NAME **BAKER, JAMES J**  
STREET ADDRESS **26 ELMWOOD AVE**  
CITY-STATE-ZIP **CAMBRIDGE MA 02138**

☐ DELETE

TITLE **D**  
NAME **HUBER, MICHAEL W**  
STREET ADDRESS **180 AVE. AT THE COMMON**  
CITY-STATE-ZIP **SHREWSBURY NJ 07702**

☐ DELETE

TITLE **VAS**  
NAME **THEODORE, RALPH G**  
STREET ADDRESS **128 GROVE ST**  
CITY-STATE-ZIP **CLINTON CT 06413**

☐ DELETE

TITLE **VS**  
NAME **STREAMS, KURT W**  
STREET ADDRESS **49 LAMPPOST DR**  
CITY-STATE-ZIP **WEST REDDING CT 06896**

☐ DELETE

TITLE **D**  
NAME **PICCIONE, ROBERT L**  
STREET ADDRESS **1342 CALLE PECOS**  
CITY-STATE-ZIP **THOUSAND OAKS CA 91360**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D ALLEN, JEREMY C**

5.3 STREET ADDRESS **424 RED COAT LANE**

5.4 CITY-STATE-ZIP **WAYNE, PA 19087**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D JEREMY**

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 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: **KURT W. STREAMS** 7/13/98 914.694.2285

CR2E034 (5/98)