

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90098 043 ***150.00

DOCUMENT # F96000005609

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

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SEE ATTACHED LISTING ☐ Change ☒ Addition

TITLE D ☐ DELETE
NAME BAKER, JAMES J
STREET ADDRESS 26 ELMWOOD AVE
CITY-ST-ZIP CAMBRIDGE MA 02138

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS ☐ DELETE
NAME STREAMS, KURT W
STREET ADDRESS 49 LAMPPOST DR
CITY-ST-ZIP WEST REDDING CT 06896

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME ALLEN, JEREMY C.
STREET ADDRESS 424 RED COAT LANE
CITY-ST-ZIP WAYNE PA 19087

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Ralph G. Theodore **3/8/99** **914 694 2285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

NORLAND MEDICAL SYSTEMS, INC.

106 Corporate Park Drive - Suite 106
White Plains, NY 10604-3806

Tel: 914 694 2285

Fax: 914 694 2286

200399-90098-43
F96000005609

FEI: 06-1387931

DIRECTORS AND EXECUTIVE OFFICERS

Name	Position	Address
Reynald G. Bonmati	Chairman, President, Treasurer, Director	Beach Road, Premium Point New Rochelle, NY 10801
Kurt W. Streams	Vice President Finance Secretary	49 Lamppost Drive West Redding, CT 06896
Ralph G. Theodore	Vice President Operations Assistant Secretary	128 Grove Street Clinton, CT 06413
Jeremy C. Allen	Director	424 Red Coat Lane Wayne, PA 19087
James J. Baker	Director	26 Elmwood Avenue Cambridge, MA 02138
Michael W. Huber	Director	180 Ave at the Common Shrewsbury, NJ 07702
Andre-Jacques Neusy, MD	Director	5 Milligan Place New York, NY 10011
Albert S. Waxman, PhD	Director	59 Wooster Street New York, NY 10012