FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F96000005690 (0)**

1. Corporation Name
BIOSENSE, INC.

Principal Place of Business
40 RAMLAND RD S #10
ORANDEBURG NY 10962-2617

Mailing Address
40 RAMLAND RD S #10
ORANDEBURG NY 10962-2631

3. Date Incorporated or Qualified: **11/01/1996**
3a. Date of Last Report:

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-3757896 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 of Registered Agent, Officer or Director of Registered Agent (If Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: PELL, LEWIS C		1.2 NAME	
STREET ADDRESS: 40 RAMLAND RD S #10		1.3 STREET ADDRESS	
CITY-ST-ZIP: ORANDEBURG NY 10962-2617		1.4 CITY-ST-ZIP	
TITLE: DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: NOVAK, ALFRED J		2.2 NAME	
STREET ADDRESS: 40 RAMLAND RD S #10		2.3 STREET ADDRESS	
CITY-ST-ZIP: ORANDEBURG NY 10962-2617		2.4 CITY-ST-ZIP	
TITLE: CEO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: NOVAK, ALFRED J		3.2 NAME	
STREET ADDRESS: 40 RAMLAND RD S #10		3.3 STREET ADDRESS	
CITY-ST-ZIP: ORANDEBURG NY 10962-2617		3.4 CITY-ST-ZIP	
TITLE: DVS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: ACKER, DAVID ELLIS		4.2 NAME	
STREET ADDRESS: 40 RAMLAND RD S #10		4.3 STREET ADDRESS	
CITY-ST-ZIP: ORANDEBURG NY 10962-2617		4.4 CITY-ST-ZIP	
TITLE: D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME: BEN-HAIM, SHLOMO A		5.2 NAME	
STREET ADDRESS: 40 RAMLAND RD S #10		5.3 STREET ADDRESS	
CITY-ST-ZIP: ORANDEBURG NY 10962-2617		5.4 CITY-ST-ZIP	
TITLE: VT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME: COLUNGA, VICTOR R		6.2 NAME	
STREET ADDRESS: 40 RAMLAND RD S #10		6.3 STREET ADDRESS	
CITY-ST-ZIP: ORANDEBURG NY 10962-2617		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 report or supplemental attachment 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 13 if changed or added to the report.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #