

7/25/

FILED
Aug 10, 2001 8:00 am
Secretary of State

07-25-2001 90012 023 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003986

1. Entity Name

COLLINS MEDICAL INC. A MASS. CORP.

Principal Place of Business

220 WOOD RD.
 BRAintree MA 02184

Mailing Address

220 WOOD RD.
 BRAintree MA 02184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3409992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILDERBRAND, DAVID
 1015 COUNTRY CLOSE DR.
 LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	MALYS, DAVID	
STREET ADDRESS	220 WOOD RD.	
CITY-ST-ZIP	BRAintree MA 02184	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MERVYN	
STREET ADDRESS	220 WOOD RD.	
CITY-ST-ZIP	BRAintree MA 02184	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCCOLLUM, JAMES	
STREET ADDRESS	220 WOOD RD.	
CITY-ST-ZIP	BRAintree MA 02184	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRITZ, GREGORY	
STREET ADDRESS	220 WOOD RD.	
CITY-ST-ZIP	BRAintree MA 02184	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	TERRY KIRCH	
STREET ADDRESS	220 WOOD RD.	
CITY-ST-ZIP	BRAintree MA 02184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-3-01 617-227-7520

CR2E034 (5/01)