

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**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90021 046 \*\*\*150.00

DOCUMENT # K72341

1. Corporation Name

IMPLA-MED INCORPORATED

Principal Place of Business

13794 N.W. 4TH STREET  
SUITE 207  
SUNRISE FL 33325

Mailing Address

C/O COOKSON AMERICA, INC.  
ONE COOKSON PLACE  
PROVIDENCE RI 02903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1989

4. FEI Number

65-0107772

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

CT CORPORATION SYSTEMS  
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

TITLE ☐ DELETE

NAME BROWN, JAMES P  
STREET ADDRESS 23 FRANK MOSSBERG DRIVE  
CITY-ST-ZIP ATTLEBORO MA 02703

TITLE ☐ DELETE

NAME POWERS, RICHARD V  
STREET ADDRESS 110 FRANK MOSSBERG DRIVE  
CITY-ST-ZIP ATTLEBORO MA 02703

TITLE ☒ DELETE

NAME CAPRIO, FRANK T  
STREET ADDRESS ONE COOKSON PLACE  
CITY-ST-ZIP PROVIDENCE RI 02903

TITLE ☐ DELETE

NAME POWERS, RICHARD V  
STREET ADDRESS 110 FRANK MOSSBERG DRIVE  
CITY-ST-ZIP ATTLEBORO MA 02703

TITLE ☐ DELETE

NAME CARR, JAMES E  
STREET ADDRESS 110 FRANK MOSSBERG DRIVE  
CITY-ST-ZIP ATTLEBORO MA 02703

TITLE ☐ DELETE

NAME BROWN, JAMES P  
STREET ADDRESS 23 FRANK MOSSBERG DRIVE  
CITY-ST-ZIP ATTLEBORO MA 02703

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME John W. Conley  
1.3 STREET ADDRESS One Cookson Place  
1.4 CITY-ST-ZIP Providence, RI 02903

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Stuart L. Daniels  
2.3 STREET ADDRESS One Cookson Place  
2.4 CITY-ST-ZIP Providence, RI 02903

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Mark A. Dingley  
3.3 STREET ADDRESS One Cookson Place  
3.4 CITY-ST-ZIP Providence, RI 02903

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME John H. Doherty  
4.3 STREET ADDRESS One Cookson Place  
4.4 CITY-ST-ZIP Providence, RI 02903

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Providencia Ortiz  
5.3 STREET ADDRESS One Cookson Place  
5.4 CITY-ST-ZIP Providence, RI 02903

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Mark J. Pechak  
6.3 STREET ADDRESS One Cookson Place  
6.4 CITY-ST-ZIP Providence, RI 02903

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:

*Mark A. Dingley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Dingley, Secretary 1/20/99 401-521-1000

Date

Daytime Phone #

CR2E034 (1/98)