

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90079 023 \*\*\*150.00

**DOCUMENT # K72341**

1. Entity 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**

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 **65-0107772**

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

**CT CORPORATION SYSTEMS  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWN, JAMES P</b> <b>23 FRANK MOSSBERG DRIVE</b> <b>ATTLEBORO MA 02703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>POWERS, RICHARD V</b> <b>110 FRANK MOSSBERG DRIVE</b> <b>ATTLEBORO MA 02703</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CONLEY, JOHN W</b> <b>ONE COOKSON PLACE</b> <b>PROVIDENCE RI 02903</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POWERS, RICHARD V</b> <b>110 FRANK MOSSBERG DRIVE</b> <b>ATTLEBORO MA 02703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARR, JAMES E</b> <b>110 FRANK MOSSBERG DRIVE</b> <b>ATTLEBORO MA 02703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, JAMES P</b> <b>23 FRANK MOSSBERG DRIVE</b> <b>ATTLEBORO MA 02703</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b> <b>RICHARD V. POWERS</b> <b>ONE COOKSON PLACE</b> <b>PROVIDENCE, RI 02903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>STUART L. DANIELS</b> <b>ONE COOKSON PLACE</b> <b>PROVIDENCE, RI 02903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>THOMAS MURRAY</b> <b>ONE COOKSON PLACE</b> <b>PROVIDENCE, RI 02903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MARK A. DINGLEY</b> <b>225 FOXBOROUGH BLVD.</b> <b>FOXBOROUGH, MA 02035</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT TREASURER</b> <b>JOHN H. DOHERTY</b> <b>ONE COOKSON PLACE</b> <b>PROVIDENCE, RI 02903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT SECRETARY</b> <b>PROVIDENCIA ORTIZ</b> <b>ONE COOKSON PLACE</b> <b>PROVIDENCE, RI 02903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PROVIDENCIA ORTIZ 1/ /01 401-521-1000**

Date

Daytime Phone #

CR2E034 (10/00)

*Attachments*

*#K72341*  
*10012078*

**OFFICERS AND DIRECTORS**  
**OF IMPLA-MED INCORPORATED**

**OFFICERS:**

Chairman, Richard V. Powers, One Cookson Place, Providence, RI 02903

President, James P. Brown, 23 Frank Mossberg Drive, Attleboro, MA 02703

Treasurer, Thomas Murray, One Cookson Place, Providence, RI 02903

Secretary, Mark A. Dingley, 225 Foxborough Boulevard, Foxborough, MA 02035

Assistant Treasurer, John H. Doherty, One Cookson Place, Providence, RI 02903

Assistant Secretary, Providencia Ortiz, One Cookson Place, Providence, RI 02903

Assistant Treasurer, Mark J. Pechak, One Cookson Place, Providence, RI 02903

**DIRECTORS:**

Richard V. Powers, One Cookson Place, Providence, RI 02903

James E. Carr, 49 Pearl Street, Attleboro, MA 02703

James P. Brown, 23 Frank Mossberg Drive, Attleboro, MA 02703

Stuart L. Daniels, One Cookson Place, Providence, RI 02903