

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90052 007 ***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**

00023054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0107772

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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	C POWERS, RICHARD ONE COOKSON PLACE PROVIDENCE RI 02903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, STUART ONE COOKSON PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURRAY, THOMAS ONE COOKSON PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DINGLEY, MARK 225 FOXBOROUGH BLVD FOXBORO MA 02035 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DOHERTY, JOHN ONE COOKSON PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ORTIZ, PROVIDENCE ONE COOKSON PLACE PROVIDENCE RI 02903 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RICHARD V. POWERS ONE COOKSON PLACE PROVIDENCE, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES E. CARR 49 PEARL STREET ATTLEBORO, MA 02703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAMES P. BROWN 23 FRANK MOSSBERG DRIVE ATTLEBORO, MA 02703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JO ELLEN OJEDA ONE COOKSON PLACE PROVIDENCE, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MARK J. PECHAK ONE COOKSON PLACE PROVIDENCE, RI 02903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

Jo Ellen Ojeda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO ELLEN OJEDA, ASSISTANT SECRETARY

Date

Daytime Phone #

401-521-1000

CR2E034 (9/01)

Attachment
Doc# 172311

B0025794

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 Secretary, Jo Ellen Ojeda, 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