

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90059 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**

2. Principal Place of Business
One Cookson Place
Suite, Apt. #, etc.

3. Mailing Address
One Cookson Place
Suite, Apt. #, etc.

City & State
Providence, RI

City & State
Providence, RI

4. FEI Number **65-0107772**

Applied For
Not Applicable

Zip
02903

Country
USA

Zip
02903

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC POWERS, RICHARD ONE COOKSON PLACE PROVIDENCE RI 02903 <input 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DINGLEY, MARK 225 FOXBOROUGH BLVD FOXBORO MA 02035 <input checked="" 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 checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David M. Sklarski One Cookson Place Providence, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James E. Carr One Cookson Place Providence, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Asst Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark J. Pechak One Cookson Place Providence, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jo Ellen Ojeda One Cookson Place Providence, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James E. Carr One Cookson Place Providence, RI 02903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jo Ellen Ojeda
Jo Ellen Ojeda, Secretary 2/06/03 401.521.1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)