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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P13539 (2)**  
1. Corporation Name  
**BIO-MEDICAL APPLICATIONS OF PORT ORANGE, INC.**

Principal Place of Business: **RESERVOIR PLACE 1601 TRAPELO ROAD WALTHAM MA 02154-7333**  
Mailing Address: **RESERVOIR PLACE 1601 TRAPELO ROAD WALTHAM MA 02154-7333**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1987**  
3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **04-2944536**  
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 has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22 State, Apt. #, etc.: 27  
23 City & State: 28  
24 Zip: 25 Country: 29

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of Now Registered Agent:  
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 of Registered Agent and Director)  
SIGNATURE: \_\_\_\_\_ (Signature of Now Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: HAMPERS, CONSTANTINE L. STREET ADDRESS: EAST LAKE ROAD, BOX 494, OAKHILL CITY, ST, ZIP: DUBLIN NH	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: LOWRIE, ERNESTINE STREET ADDRESS: 57 JUNIPER ROAD CITY, ST, ZIP: WESTON MA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: LOWRIE, EDMUND G. STREET ADDRESS: 57 JUNIPER ROAD CITY, ST, ZIP: WESTON MA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V NAME: RUMA, JOSPEH STREET ADDRESS: 65 MILLPOND CITY, ST, ZIP: N ANDOVER MA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: AT NAME: LIEBERMAN, MARC S. STREET ADDRESS: 10 CROWN POINT ROAD CITY, ST, ZIP: SUDBURY MA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: NOGEOLO, A. MILES STREET ADDRESS: 19 WASHINGTON STREET CITY, ST, ZIP: SUDBURY MA	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**SEE ATTACHED**

700001482227  
-05/10/95--01023--008  
\*\*\*3200.00 \*\*\*200.00

SIGNATURE: \_\_\_\_\_ **MARC LIEBERMAN, ASS'T TREASURER**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 607-466-9850

**BIO-MEDICAL APPLICATIONS MANAGEMENT COMPANY, INC. SUBSIDIARIES  
LIST OF DIRECTORS AND OFFICERS**

**EFFECTIVE 04/10/1995**

<b>DIRECORS *****</b>	<b>OFFICE HELD *****</b>	<b>SS NUMBER *****</b>	<b>HOME ADDRESS *****</b>
<b>CONSTANTINE HAMPERS, M.D.</b>	<b>DIRECTOR</b>	<b>190-24-4386</b>	<b>EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444</b>
<b>ERNESTINE M. LOWRIE</b>	<b>DIRECTOR</b>	<b>034-26-2791</b>	<b>21 EDMONDS ROAD CONCORD, MA 01712</b>
<b>EDMUND G. LOWRIE, M.D.</b>	<b>DIRECTOR</b>	<b>383-36-2176</b>	<b>21 EDMONDS ROAD CONCORD, MA 01712</b>
*****			
<b>OFFICERS *****</b>	<b>OFFICE HELD *****</b>	<b>SS NUMBER *****</b>	<b>HOME ADDRESS *****</b>
<b>ERNESTINE M. LOWRIE</b>	<b>PRESIDENT</b>	<b>034-26-2791</b>	<b>21 EDMONDS ROAD CONCORD, MA 01712</b>
<b>CONSTANTINE HAMPERS, M.D.</b>	<b>VICE PRESIDENT</b>	<b>190-24-4386</b>	<b>EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444</b>
<b>LARRIE T. ROCKWELL</b>	<b>VICE PRESIDENT</b>	<b>079-32-6920</b>	<b>10 ROGERS STREET CAMBRIDGE, MA 02142</b>
<b>PATRICK MORIARTY</b>	<b>VICE PRESIDENT</b>	<b>021-38-2035</b>	<b>10 HENDERSON WAY MEDFIELD, MA 02052</b>
<b>JOSEPH RUMA</b>	<b>VICE PRESIDENT</b>	<b>031-34-8188</b>	<b>65 MILLPOND NORTH ANDOVER, MA 01845</b>
<b>GEOFFREY SWETT</b>	<b>VICE PRESIDENT</b>	<b>144-40-8739</b>	<b>11 INDEPENDENCE ROAD PEPPERELL, MA 01463</b>
<b>A. MILES NOGEOLO</b>	<b>TREASURER</b>	<b>012-34-5855</b>	<b>19 WASHINGTON DRIVE SUDBURY, MA 01776</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>108-38-6181</b>	<b>10 CROWN POINT ROAD SUDBURY, MA 01776</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>010-34-9716</b>	<b>50 SUNNYSIDE AVENUE READING, MA 01867</b>
<b>CAROL E. BOWEN</b>	<b>ASSISTANT SECRETARY</b>	<b>139-44-5206</b>	<b>187 GROVE STREET LEXINGTON, MA 02173</b>
<b>DAVID A. KEMBEL</b>	<b>SECRETARY</b>	<b>522-55-5894</b>	<b>151 REED FARM ROAD BOXBOROUGH, MA 01719</b>

**\*BUSINESS ADDRESS FOR OFFICERS/DIRECTORS\*  
RESERVOIR PLACE  
1601 TRAPELO ROAD  
WALTHAM, MA 02154  
(617)466-9850**