

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

3. Date Incorporated or Qualified **03/10/1987** 3a. Date of Last Report **05/01/1995**

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 s. 199.032, Florida Statutes ☒ 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 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD HAMPERS, CONSTANTINE L.  
EAST LAKE ROAD, BOX 494, OAKHILL  
DUBLIN NH**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD LOWRIE, ERNESTINE  
57 JUNIPER ROAD  
WESTON MA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D LOWRIE, EDMUND G.  
57 JUNIPER ROAD  
WESTON MA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V RUMA, JOSPEH  
85 MILLPOND  
N ANDOVER MA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**AT LIEBERMAN, MARC S.  
10 CROWN POINT ROAD  
SUDBURY MA**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**T NOGELO, A. MILES  
19 WASHINGTON STREET  
SUDBURY MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**400001794364  
-04/25/96-01033-012  
\*\*\*5800.00**

**SEE ATTACHED**

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASS'T TREASURER

Date

Daytime Phone #

CR2E034 (12/95)

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

EFFECTIVE 03/15/1998

DIRECTORS .....	OFFICE HELD .....	SS NUMBER .....	HOME ADDRESS .....
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
GEOFFREY SWETT	DIRECTOR	144-40-8739	11 INDEPENDENCE ROAD PEPPERELL, MA 01483
.....			
OFFICERS .....	OFFICE HELD .....	SS NUMBER .....	HOME ADDRESS .....
GEOFFREY SWETT	PRESIDENT	144-40-8739	11 INDEPENDENCE ROAD PEPPERELL, MA 01483
CONSTANTINE HAMPERS, M.D.	VICE PRESIDENT	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
SYED KAMAL	VICE PRESIDENT	438-35-9080	4 LISA LANE ACTON, MA 01720
LARRIE T. ROCKWELL	VICE PRESIDENT	079-32-6920	10 ROGERS STREET CAMBRIDGE, MA 02142
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIELD, MA 02052
JOSEPH RUMA	VICE PRESIDENT	031-34-8188	65 MILLPOND NORTH ANDOVER, MA 01845
A. MILES NOGEO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01778
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173
DAVID A. KEMBEL	SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

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