

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

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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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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, 85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPERS, CONSTANTINE L.	1.2 NAME	
STREET ADDRESS	EAST LAKE ROAD, BOX 494, OAKHILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN NH	1.4 CITY-ST-ZIP	400001794364
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRIE, ERNESTINE	2.2 NAME	***5800.00
STREET ADDRESS	57 JUNIPER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWRIE, EDMUND G.	3.2 NAME	
STREET ADDRESS	57 JUNIPER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMA, JOSPEH	4.2 NAME	
STREET ADDRESS	85 MILLPOND	4.3 STREET ADDRESS	
CITY-ST-ZIP	N ANDOVER MA	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC S.	5.2 NAME	
STREET ADDRESS	10 CROWN POINT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOGEOLO, A. MILES	6.2 NAME	
STREET ADDRESS	19 WASHINGTON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	6.4 CITY-ST-ZIP	

SEE ATTACHED

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: _____ **ASS'T TREASURER** **4-12-96** **617-466-9890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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	190-24-4388	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
GEOFFREY SWETT	DIRECTOR	144-40-8739	11 INDEPENDENCE ROAD PEPPERELL, MA 01483
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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	190-24-4388	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 01776
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