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FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13539 (2)
1. Corporation Name
BIO-MEDICAL APPLICATIONS OF PORT ORANGE, INC.



Principal Place of Business RESERVOIR PLACE 1801 TRAPELO ROAD WALTHAM MA 02154-7333	Mailing Address RESERVOIR PLACE 1801 TRAPELO ROAD WALTHAM MA 02154-7333
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3. Date Incorporated or Qualified 03/10/1987	3a. Date of Last Report 04/24/1996
4. FLI Number 04-2944536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 95 Hayden Avenue	2a. Mailing Address 26 95 Hayden Avenue
22 Suite, Apt. #, etc. 1	27 Suite, Apt. #, etc.
23 City & State Lexington, MA	28 City & State Lexington, MA
24 Zip 02173	29 Zip 02173
25 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
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAMPERS, CONSTANTINE L.	
STREET ADDRESS	EAST LAKE ROAD, BOX 494, OAKHILL	
CITY - ST - ZIP	DUBLIN NH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RUMA, JOSPEH	
STREET ADDRESS	65 MILLPOND	
CITY - ST - ZIP	N ANDOVER MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARC S.	
STREET ADDRESS	10 CROWN POINT ROAD	
CITY - ST - ZIP	SUDBURY MA 01776	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	NOGEOLO, A. MILES	
STREET ADDRESS	19 WASHINGTON STREET	
CITY - ST - ZIP	SUDBURY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

SEE ATTACHED

14. I do 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 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: **MARC LIEBERMAN** SECRETARY **4/11/97 617-402-9000**

CR2E034 (9/96)

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

EFFECTIVE 01/01/1997

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY SWETT	DIRECTOR	144-40-8739	42 KINGS WAY WALTHAM, MA 02154
SYED KAMAL	DIRECTOR	436-35-9080	4 LISA LANE ACTON, MA 01720
BEN LIPPS, PH.D.	DIRECTOR	305-44-0223	24 SEQUOIA LANE WALNUT CREEK, CA 94595

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY SWETT	PRESIDENT	144-40-8739	42 KINGS WAY WALTHAM, MA 02154
SYED KAMAL	VICE PRESIDENT	436-35-9080	4 LISA LANE ACTON, MA 01720
LARRIE T. ROCKWELL	VICE PRESIDENT	079-32-6920	10 ROGERS STREET CAMBRIDGE, MA 02142
PATRICK MORIARTY	VICE PRESIDENT	021-36-2035	10 HENDERSON WAY MEDFIELD, MA 02052
JOSEPH RUMA	VICE PRESIDENT	031-34-6186	65 MILLPOND NORTH ANDOVER, MA 01845
ROBERT W. ARMSTRONG, III	VICE PRESIDENT TREASURER	017-36-2353	9 SALISBURY STREET WINCHESTER, MA 01890
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-36-6161	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
DAVID A. KEMBEL	SECRETARY	522-55-5694	151 REED FARM ROAD BOXBOROUGH, MA 01719
WILLIAM GRIECO	ASSISTANT SECRETARY	043-50-0983	115 MARLBOROUGH ST. BOSTON, MA 02116

**CORPORATE HEADQUARTERS:
TWO LEDGEMONT CENTER
95 HAYDEN AVENUE
LEXINGTON, MA 02173**

TELEPHONE: (617)402-9000