

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



| | |
|---|---|
| Principal Place of Business 95 HAYDEN AVE LEXINGTON MA 02173 US | Mailing Address 95 HAYDEN AVE LEXINGTON MA 02173 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------|------------------------|------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/10/1987 | |
| 21. Suite, Apt #, etc. | 22. City & State | 26. Suite, Apt #, etc. | 27. City & State | 4. FEI Number 04-2944536 | Applied For <input type="checkbox"/> Not Applicable |
| 23. Zip | 24. Country | 28. Zip | 29. Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 25. Country | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE AT | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LIEBERMAN, MARC S. | | 1.2 NAME | |
| STREET ADDRESS 10 CROWN POINT ROAD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP SUDBURY MA 01776 | | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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** *4/10/98* (781) 402-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CF2E034 (10/97)

BIO-MEDICAL APPLICATIONS OF PORT ORANGE, INC.

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 2/24/98**

| DIRECTORS | OFFICE HELD | BUSINESS ADDRESS |
|---------------------------|----------------------------|---|
| GEOFFREY W. SWETT | DIRECTOR | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| BEN J. LIPPS | DIRECTOR | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| OFFICERS | OFFICE HELD | BUSINESS ADDRESS |
| GEOFFREY SWETT | PRESIDENT | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| SYED KAMAL | VICE PRESIDENT | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| PATRICK MORIARTY | VICE PRESIDENT | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| JOSEPH J. RUMA | VICE PRESIDENT | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| RONALD J. KUERBITZ | VICE PRESIDENT | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| HEINZ J. SCHMIDT | TREASURER | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| MARC S. LIEBERMAN | ASSISTANT TREASURER | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| JAMES V. LUTHER | ASSISTANT TREASURER | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| DOUGLAS G. KOTT | SECRETARY | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| DAVID A. KEMBEL | ASSISTANT SECRETARY | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |
| MARK C. WILSON | ASSISTANT SECRETARY | 95 HAYDEN AVENUE LEXINGTON, MA 02173 |