

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90302 001 *5,250.00

DOCUMENT # P13539

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

3. Date Incorporated or Qualified 03/10/1987

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 owes the current year intangible Personal Property Tax. Yes 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC S.	1.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	1.4 CITY-ST-ZIP	02420
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOFFREY W SWETT	2.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINZ J SCHMIDT	3.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	3.4 CITY-ST-ZIP	02420
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK C WILSON	4.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	4.4 CITY-ST-ZIP	02420
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS G KOTT	5.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	5.4 CITY-ST-ZIP	02420
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYED KAMAL	6.2 NAME	
STREET ADDRESS	95 HAYDEN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	6.4 CITY-ST-ZIP	02420

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Marc Lieberman 4/12/99 781-402-9000 Daytime Phone #

CR2E034 (11/98)