## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OF

## Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P13539 1. Entity Name BIO-MEDICAL APPLICATIONS OF PORT ORANGE. IN 04-24-2002 90442 001 \*3,800.00 Principal Place of Business Mailing Address 95 HAYDEN AVE 95 HAYDEN AVE **LEXINGTON MA 02420 LEXINGTON MA 02420** HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 04-2944536 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITI F ☐ Change ☐ Delete TITLE LIEBERMAN, MARC S. NAME NAME STREET ADDRESS STREET ADDRESS 95 HAYDEN AVE **LEXINGTON MA 02420** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE AS NAME KEMBEL, DAVID NAME STREET ADDRESS STREET ADDRESS 95 HAYDEN AVE CITY-ST-ZIP CITY-ST-7IP **LEXINGTON MA 02420** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME DOUGLAS G KOTT STREET ADDRESS STREET ADDRESS 95 HAYDEN AVE CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON MA 02420** Addition Change TITLE ☐ Detete TITLE NAME NAME KUERBITZ, RONALD STREET ADDRESS STREET ADDRESS 95 HAYDEN AVE CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON MA 02420** ☐ Change ☐ Addition Delete TITLE TITLE NAME LIPPS, BEN NAME STREET ADDRESS STREET ADDRESS 95 HAYDEN AVENUE CITY-ST-7IP CITY-ST-ZIP **LEXINGTON MA 02420** ☐ Change **X**Addition Delete TITLE TITLE ASSISTANT TREASURER NAME NAME PAUL COLANTONIO STREET ADDRESS STREET ADDRESS 95 HAYDEN AVENUE CITY-ST-ZIP CITY-ST-7IP LEXINGTON, MA 02420-9192 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

## Attachment # P13539

## BIO-MEDICAL APPLICATIONS OF PORT ORANGE, INC.

LIST OF OFFICERS AND DIRECTORS EFFECTIVE 3/01/01

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DIRECTORS	OFFICE HELD	BUSINESS
BEN J. LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE HELD	BUSINESS
JOSEPH J. RUMA	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
JAMES V. LUTHER	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
DAVID A. KEMBEL	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420

CORPORATE HEADQUARTERS 95 Hayden Avenue Lexington, MA 02420