SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -3 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P16665** **(2)**

1. Corporation Name
FOSTER MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
275 WYMAN STREET WALTHAM MA 02154	275 WYMAN STREET WALTHAM MA 02154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 P.O. Box 2469
22 Suite, Apt. #, etc.
23 City & State: Malta, NY
24 Zip: 12020
25 Country: U.S.A.

2a. Mailing Address
26 P.O. Box 2469
27 Suite, Apt. #, etc.
28 City & State: Malta, NY
29 Zip: 12020
30 Country: U.S.A.

4. FEI Number: **04-2981209** ☐ 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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	COHEN, ROBERT L.	12 NAME	
STREET ADDRESS	12 TEMI ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA	14 CITY-ST-ZIP	
TITLE	CFO	21 TITLE	☐ Change ☐ Addition
NAME	MCCLEOD, ROBERT	22 NAME	
STREET ADDRESS	331 NORTH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MEDFIELD MA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BIENEKE, RICHARD	32 NAME	
STREET ADDRESS	420 LEXINGTON AVE, SUITE 3020	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	FREY, RICHARD	42 NAME	
STREET ADDRESS	78 HILLTOP DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	VON DER GOLTZ, JOACHIM	52 NAME	
STREET ADDRESS	590 CHARLES RIVER STREET	53 STREET ADDRESS	
CITY-ST-ZIP	NEDDHAM MA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DR. OETKER, ARENDT	62 NAME	
STREET ADDRESS	GEROENSTER 18-32	63 STREET ADDRESS	
CITY-ST-ZIP	5000 KOEL GE	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ July 25 1995 617-320-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174617 FP