FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23816** **(2)**

1. Corporation Name
MEDISENSE, INC.

Principal Place of Business	Mailing Address
266 SECOND AVE WALTHAM MA 02154 US	266 SECOND AVE WALTHAM MA 02154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / Country — 24 / 25 / 29 / 30

4. FEI Number: **04-2728017** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 Section 607.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
20	PD	20	☐ Change ☐ Addition
21 NAME	COLEMAN, ROBERT L.	21 NAME	
22 STREET ADDRESS	65 INDIAN HEAD ROAD	22 STREET ADDRESS	
23 CITY-ST-ZIP	FRAMINGHAM MA	23 CITY-ST-ZIP	
20	T	20	☐ Change ☐ Addition
21 NAME	BOJAS, GERALD	21 NAME	
22 STREET ADDRESS	200 RALEIGH TAVERN LN	22 STREET ADDRESS	
23 CITY-ST-ZIP	NO. ANDOVER MA	23 CITY-ST-ZIP	
20	D	20	☒ Change ☐ Addition
21 NAME	KNOBLACH, MARCELLUS	21 NAME	DELETE
22 STREET ADDRESS	4170 THIELMAN LANE	22 STREET ADDRESS	
23 CITY-ST-ZIP	ST. CLOUD MN	23 CITY-ST-ZIP	
20	D	20	☐ Change ☐ Addition
21 NAME	MORGAN, RICHARD	21 NAME	
22 STREET ADDRESS	599 LEXINGTON AVE.	22 STREET ADDRESS	
23 CITY-ST-ZIP	NEW YORK NY	23 CITY-ST-ZIP	
20	D	20	☐ Change ☐ Addition
21 NAME	ODDI, RAYMOND	21 NAME	
22 STREET ADDRESS	ONE BAXTER PARKWAY	22 STREET ADDRESS	
23 CITY-ST-ZIP	DEERFIELD IL	23 CITY-ST-ZIP	
20	D	20	☒ Change ☐ Addition
21 NAME	HAMPTON, PHILIP	21 NAME	DELETE
22 STREET ADDRESS	399 PARK AVENUE	22 STREET ADDRESS	
23 CITY-ST-ZIP	NEW YORK NY	23 CITY-ST-ZIP	

14. To the best of my knowledge and belief, the information supplied with this blank is complete, accurate and true. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a corporation is a violation of section 817.155, 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 above, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TREASURER — 4/19/95 — (617) 895-6019

0393532 FP