

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90022 042 \*\*\*150.00

**DOCUMENT # P27599**

1. Entity Name  
**AMERICAN HYDRO-SURGICAL INSTRUMENTS, INC.**



Principal Place of Business  
**430 COMMERCE DRIVE  
STE 50E  
DELRAY BEACH, FL 33445**

Mailing Address  
**730 CENTRAL AVENUE  
MURRAY HILL, NJ 07974**

**54064003**



2. Principal Place of Business

3. Mailing Address

03262003 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**52-1649836**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEILAND, JOHN H 730 CENTRAL AVENUE MURRAY HILLS, NJ 07974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLY, BRIAN P 730 CENTRAL AVENUE MURRAY HILLS, NJ 07974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHERMERHORN, TODD C 730 CENTRAL AVENUE MURRAY HILLS, NJ 07974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNSTEIN, NADIA J 730 CENTRAL AVENUE MURRAY HILLS, NJ 07974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILLER, JEAN F 730 CENTRAL AVENUE MURRAY HILLS, NJ 07974	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. R. Bard, Inc.  
730 Central Avenue  
Murray Hill, NJ 07974

54064003

Attachment

BARD

July 6, 2004

①

Florida Department of State  
Attn: Tyrone Scott  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**SUBJECT:** American Hydro-Surgical Instruments, Inc.  
**REFERENCE #:** P27599  
**Annual Report for 2004**

Dear Mr. Scott,

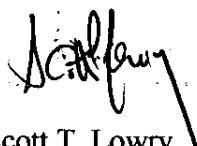
We received a notice from you dated 6/1/2004 indicating the non-filing of the 2004 annual report for American Hydro-Surgical Instruments, Inc. due to lack of an officer's signature. Included with your 6/1/2004 notice was the original report and the original check for \$150.00 (annual report fee) dated 3/30/2004 and not cashed. Upon signature by an officer, the original form and the original check dated 3/30/2004 was to be returned to you before 6/30/2004.

Enclosed are copies of your 6/1/2004 notice, the signed copy and the original check along with a copy of the certified mail receipt dated 6/21/2004 and a copy of the envelope returned to us on 6/28/2004 marked "unable to deliver" which contained the original report, the copy of your notice and original uncashed check.

We respectfully request that you accept the signed report and original payment check as received in a timely manner and waive the penalty fee.

If you would like to contact me, please use the above address and/or phone number.

Sincerely,

  
Scott T. Lowry  
Treasurer  
Enclosures

Attachment 54064003

#P2789

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

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29ET 28HE 4000 0701 E002

Postage	\$ 37
Certified Fee	230
Return Receipt Fee (Endorsement Required)	175
Restricted Delivery Fee (Endorsement Required)	442
Total Postage & Fees	\$

JUN 21 2004

Postmark  
Here

2004-687

Sent To

Street  
or PO  
City, State

FLORIDA DEPT OF STATE  
 BOX 13900  
 TALLAHASSEE, FL 32317-3900

PS Form

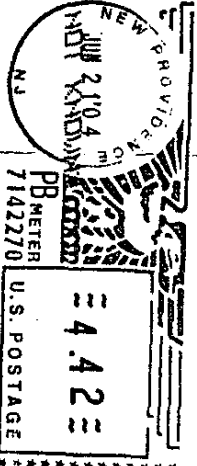
Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

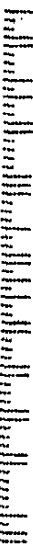


7003 1010 0004 3487 1382

RETURN TO SENDER/ATTEMPTED



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KOE