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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000020584 (5)

1. Corporation Name
ABLATION PRODUCTS, INC.



Principal Place of Business
400 GLOUCESTER ST.
ENGLEWOOD NJ 07631

Mailing Address
400 GLOUCESTER ST.
ENGLEWOOD NJ 07631-4706

3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 01/24/1996
4. FEI Number 59-3305758	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	

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

9. Name and Address of Current Registered Agent

PUFFER, JOHN W III
101 E. KENNEDY BLVD.
SUITE 2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	12. NAME
STREET ADDRESS	CITY - ST - ZIP	13. STREET ADDRESS	14. CITY - ST - ZIP
TITLE	NAME	21. TITLE	22. NAME
STREET ADDRESS	CITY - ST - ZIP	23. STREET ADDRESS	24. CITY - ST - ZIP
TITLE	NAME	31. TITLE	32. NAME
STREET ADDRESS	CITY - ST - ZIP	33. STREET ADDRESS	34. CITY - ST - ZIP
TITLE	NAME	41. TITLE	42. NAME
STREET ADDRESS	CITY - ST - ZIP	43. STREET ADDRESS	44. CITY - ST - ZIP
TITLE	NAME	51. TITLE	52. NAME
STREET ADDRESS	CITY - ST - ZIP	53. STREET ADDRESS	54. CITY - ST - ZIP
TITLE	NAME	61. TITLE	62. NAME
STREET ADDRESS	CITY - ST - ZIP	63. STREET ADDRESS	64. CITY - ST - ZIP

14. I do 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.

SIGNATURE: Robert S. Neuwirth Robert S. Neuwirth Jan 3, 1997 212-523-8368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)