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Feb 22, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000020584

1. Corporation Name  
ABLATION PRODUCTS, INC.

Principal Place of Business Mailing Address  
400 GLOUCESTER ST. 400 GLOUCESTER ST.  
ENGLEWOOD NJ 07631 ENGLEWOOD NJ 07631



DO NOT WRITE IN THIS SPACE

|                                |  |                     |  |  |  |
|--------------------------------|--|---------------------|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>03/14/1995  |  |
| Suits, Apt. #, etc.            |  | Suits, Apt. #, etc. |  | 4. FEI Number<br>59-3305758  |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                    |  |
| Country                        |  | Country             |  | 8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

PUFFER, JOHN W III  
THE TERRACE BANK OF FLORIDA  
5140 E. FOWLER AVE  
TEMPLE TERRACE FL 33687

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| 0                          | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | NEUWIRTH, ROBERT S              | 1.2 NAME  | Vice President   |
| STREET ADDRESS             | 400 GLOUCESTER ST.              | 1.3 STREET ADDRESS                                    | NEUWIRTH, Jessica  |
| ST-ZIP                     | ENGLEWOOD NJ 07631              | 1.4 CITY-ST-ZIP                                       | 226 W 58th St<br>New York, NY 10019  |
| 1                          | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NEUWIRTH, Jessica               | 2.2 NAME  |  |
| STREET ADDRESS             | 228 W. 58th St                  | 2.3 STREET ADDRESS                                    |  |
| ST-ZIP                     | new York, n.y. 10019            | 2.4 CITY-ST-ZIP                                       |  |
| 2                          | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME  |  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |  |
| ST-ZIP                     |                                 | 3.4 CITY-ST-ZIP                                       |  |
| 3                          | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME  |  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |  |
| ST-ZIP                     |                                 | 4.4 CITY-ST-ZIP                                       |  |
| 4                          | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| ST-ZIP                     |                                 | 5.4 CITY-ST-ZIP                                       |  |
| 5                          | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| ST-ZIP                     |                                 | 6.4 CITY-ST-ZIP                                       |  |

CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: Robert S. Neuwirth 1/6/99 212-523-8368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #