

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT# P95000020584

1. Entity Name
ABLATION PRODUCTS, INC.



Principal Place of Business
400 GLOUCESTER ST.
ENGLEWOOD, NJ 07631

Mailing Address
400 GLOUCESTER ST.
ENGLEWOOD, NJ 07631



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3305758

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEUWIRTH, ROBERT S
STREET ADDRESS 400 GLOUCESTER ST.
CITY-ST-ZIP ENGLEWOOD, NJ 07631

TITLE VP
NAME NEUWIRTH, JESSICA
STREET ADDRESS 226 W 58TH ST.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/10/06-80005-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Robert S. Neuwirth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06 *2018719507*