

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2008 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



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 WILL
THE TERRACE BANK OF FLORIDA
5140 E. FOWLER AVE
TEMPLE TERRACE, FL 33687

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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 | 25 CENTRAL PARK WEST APT 91 |
| CITY-ST-ZIP | NEW YORK, NY 10023 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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

Jan 2, 2008 201 8719507
Date Daytime Phone #