

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 13 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001157

1. Entity Name: **Arthrex Tissue Systems Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2885 S. Horseshoe Drive

3. Mailing Address
2885 S. Horseshoe Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
59-3625616

Applied For
Not Applicable

Zip
34104

Country
USA

Zip
34104

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
R. Scott Price

Street Address (P.O. Box Number is Not Acceptable)
2885 S. Horseshoe Drive

City **Naples**

FL

Zip Code
34104

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/T/S/D
R. Scott Price
2885 S. Horseshoe Drive
Naples, Florida 34104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**100005109911-6
-03/15/02--01025--011
*****61.25 *****61.25**

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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address with all other fee empowered.

SIGNATURE:

R. Scott Price, President

2/24/2002

(941) 643-5553

Date

Daytime Phone #

CR2E034B (12/01)