FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001525 (3)**

1. Corporation Name

INTERMEDICS ORTHOPEDICS, INC.

Principal Place of Business	Mailing Address
4000 TECHNOLOGY DR. ANGLETON TX 77515-4000	4000 TECHNOLOGY DR. ANGLETON TX 77515-4000

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report: N/A
4. FEI Number: 74-2206905 ☐ 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 **9900 Spectrum Dr., Austin, TX 78717**	26 **4000 Technology Dr.,Angleton, TX 77515-4000**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: **Austin, TX 78717**	28 City & State: **Angleton, TX 77515-4000**
24 Zip: **78717** 25 Country: **USA**	29 Zip: **77515-4000** 30 Country: **USA**

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MARLAR, JERRY L		1.2 NAME	
STREET ADDRESS	1300 E. ANDERSON LN.		1.3 STREET ADDRESS	9900 Spectrum Drive
CITY-ST-ZIP	AUSTIN TX 78752		1.4 CITY-ST-ZIP	Austin, TX 78717
TITLE	V	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	DIAK, PATRICIA A		2.2 NAME	
STREET ADDRESS	1300 E. ANDERSON LN.		2.3 STREET ADDRESS	9900 Spectrum Drive
CITY-ST-ZIP	AUSTIN TX 78752		2.4 CITY-ST-ZIP	Austin, TX 78717
TITLE	V	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	FRIZELL, JEFFREY L		3.2 NAME	
STREET ADDRESS	1300 E. ANDERSON LN.		3.3 STREET ADDRESS	9900 Spectrum Drive
CITY-ST-ZIP	AUSTIN TX 78752		3.4 CITY-ST-ZIP	~~Angleton, TX 77515~~ Austin, TX 78717
TITLE	V	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	SABINS, GARY		4.2 NAME	
STREET ADDRESS	1300 E. ANDERSON LN.		4.3 STREET ADDRESS	9900 Spectrum Drive
CITY-ST-ZIP	AUSTIN TX 78752		4.4 CITY-ST-ZIP	Austin, TX 78717
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DORFLINGER, PETER G		5.2 NAME	000001728890
STREET ADDRESS	4000 TECHNOLOGY DR.		5.3 STREET ADDRESS	-03/01/96--01021--015
CITY-ST-ZIP	ANGLETON TX 77515-4000		5.4 CITY-ST-ZIP	***200.00
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOIACONO, NICHOLAS A		6.2 NAME	
STREET ADDRESS	4000 TECHNOLOGY DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	ANGLETON TX 77515-4000		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Peter G. Dorflinger 2/8/96 409/848-4180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/8/96