

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90420 001 ***600.00

DOCUMENT # F96000005402

1. Entity Name
XOMED SURGICAL PRODUCTS, INC.

Principal Place of Business Mailing Address
6743 SOUTHPOINT DRIVE NORTH **6743 SOUTHPOINT DRIVE NORTH**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216-6218**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-1393528** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC TREACE, JAMES T 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAYS, F B 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ARTHUR D. COLLINS, JR. 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIMBIE, THOMAS E 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT L. RYAN 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMITT, RICHARD B 18 BANK STREET SUMMIT NJ 07901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID J. SCOTT 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHEAD, RODMAN W III 466 LEXINGTON AVE NEW YORK NY 10017 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARGARET A. OSBORNE 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, WILLIAM R 150 EAST 52ND STREET, 12TH FLOOR NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARY L. ELLIS 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Date: **4-13-00** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **James T. Treace**