
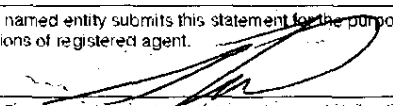
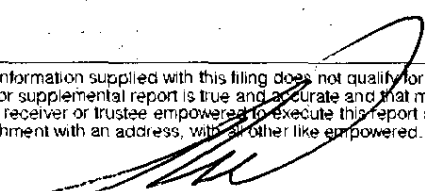


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL -1 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000023585					
1. Entry Name SURGICAL INSTRUMENT SYSTEMS USA, INC.					
Principal Place of Business 8180 NW 36 STREET SUITE 230 MIAMI, FL 33166			Mailing Address 9531 SW 124 TERR MIAMI, FL 33176		
2. Principal Place of Business <i>3900 NW 79th Ave.</i>		3. Mailing Address <i>3900 NW 79th Ave.</i>			
Suite, Apt. #, etc. <i>328</i>		Suite, Apt. #, etc. <i>328</i>			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		4. FEI Number 65-0987520	
Zip <i>33166</i>		Zip <i>33166</i>		Applied For Not Applicable	
Country <i>Dade</i>		Country <i>Dade</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIEMER, JURGEN G 9531 SW 124 TERR MIAMI, FL 33176			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 			DATE <i>4/28/2003</i>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZIEMER, KURT	NAME	100021234861		
STREET ADDRESS	PORTSRASSE 35	STREET ADDRESS	07/01/03--01015--005 **150.00		
CITY-ST-ZIP	2555 BRUEGG SWITZERLAND,	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEICHTRY, RAYMOND	NAME			
STREET ADDRESS	PORTSRASSE 35	STREET ADDRESS			
CITY-ST-ZIP	2555 BRUEGG SWITZERLAND,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZIEMER, FRANK	NAME			
STREET ADDRESS	PORTSRASSE 35	STREET ADDRESS			
CITY-ST-ZIP	2555 BRUEGG SWITZERLAND,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZIEMER, JURGEN	NAME			
STREET ADDRESS	9531 SW 124 TERR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: <i>4/28/2003</i>		PHONE: <i>305-471-9558</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

CR2E034 (10/02)

7/17

JÜRGEN ZIEMER
VP New Business Development

Tel. +41 32 332 70 70
Fax +41 32 332 70 71
Tel dir. +41 32 332 70 37
Mobile +41 76 562 67 00

juergen.ziemer@sisltd.ch
www.sisltd.ch

SIS Group Ltd.
Allmendstrasse 11
2562 Port / Switzerland

Dear Sirs

I had send the info to a wrong address and the envelope came back. Therefore I am sending in the form and deal with a small delay.

Please accept my delay and apology.

[Signature]