

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90125 021 ***150.00

DOCUMENT # F00000001157

1. Entity Name
ARTHREX TISSUE SYSTEMS INC.



Principal Place of Business
**2885 SOUTH HORSESHOE DRIVE
NAPLES FL 34104**

Mailing Address
**2885 SOUTH HORSESHOE DRIVE
NAPLES FL 34104**

300200-1



2. Principal Place of Business
27299 River View Ctr Blvd

Suite, Apt. #, etc.
Suite 108

City & State
Bonita Springs FL

Zip
34134

Country
USA

3. Mailing Address
27299 River View Ctr Blvd

Suite, Apt. #, etc.
Suite 108

City & State
Bonita Springs FL

Zip
34134

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3625616**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, R. SCOTT
2885 SOUTH HORSESHOE DRIVE
NAPLES FL 34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
NAME **PRICE, R. SCOTT**
STREET ADDRESS **2885 SOUTH HORSESHOE DRIVE**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **SIGNATURE REQUIRED**, VP **1/31/03 (239) 643-5535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)