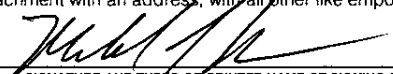


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90014 033 ****70.00

DOCUMENT # F02000002633 1. Entity Name MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.					
Principal Place of Business 125 MAY STREET, SUITE 300 EDISON NJ 08837-3264			Mailing Address 1232 MID VALLEY DRIVE JESSUP PA 18434		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2803458	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	STROEVER, BRUCE W		NAME	see attached	
STREET ADDRESS	125 MAY STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ 08837-3264		CITY-ST-ZIP		
TITLE	VST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KAWAS, MICHAEL J		NAME		
STREET ADDRESS	125 MAY STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ 08837-3264		CITY-ST-ZIP		
TITLE	CD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ENNEKING, WILLIAM M.D.		NAME		
STREET ADDRESS	125 MAY STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ 08837-3264		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BUCKWALTER, JOSEPH M.D.		NAME		
STREET ADDRESS	125 MAY STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ 08837-3264		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FINERMAN, GERALD M.D.		NAME		
STREET ADDRESS	125 MAY STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ 08837-3264		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FRANKEL, VICTOR M.D.		NAME		
STREET ADDRESS	125 MAY STREET, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ 08837-3264		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 617, 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: 			Michael J Kawas		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

attachment
#F02000002633
44014869

Musculoskeletal Transplant Foundation, Inc.
Board of Directors attachment

(for 2004 Not -For-Profit Corporation Annual Report - FL)

<u>NAME</u>	<u>NUMBER AND STREET</u>	<u>CITY, STATE AND ZIP CODE</u>
William C. Allen, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Joseph Benevenia, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Thomas Beyersdorf	125 May Street, Suite 300	Edison, NJ 08837-3264
Mark Bolander, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Allan Gross, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Donald Hackbarth, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Rob Linderer	125 May Street, Suite 300	Edison, NJ 08837-3264
James Neff, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Dan M. Spengler, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
William W. Tomford, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264