# 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 | Mailing Address |
|---|---|
| 125 MAY STREET, SUITE 300<br>EDISON NJ 08837-3264 | 1232 MID VALLEY DRIVE<br>JESSUP PA 18434 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 22-2803458 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>STROEVER, BRUCE W<br>125 MAY STREET, SUITE 300<br>EDISON NJ 08837-3264 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | see attached<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VST<br>KAWAS, MICHAEL J<br>125 MAY STREET, SUITE 300<br>EDISON NJ 08837-3264 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>ENNEKING, WILLIAM M.D.<br>125 MAY STREET, SUITE 300<br>EDISON NJ 08837-3264 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BUCKWALTER, JOSEPH M.D.<br>125 MAY STREET, SUITE 300<br>EDISON NJ 08837-3264 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FINERMAN, GERALD M.D.<br>125 MAY STREET, SUITE 300<br>EDISON NJ 08837-3264 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRANKEL, VICTOR M.D.<br>125 MAY STREET, SUITE 300<br>EDISON NJ 08837-3264 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 2/14/04 (732) 661-2290

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)**

| NAME | NUMBER AND STREET | CITY, STATE AND ZIP CODE |
|---|---|---|
| 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 |