

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90118 020 ****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**

50051381



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
22-2803458

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STROEVER, BRUCE W
125 MAY STREET, SUITE 300
EDISON, NJ 088373264**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
KAWAS, MICHAEL J
125 MAY STREET, SUITE 300
EDISON, NJ 088373264**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
ENNEKING, WILLIAM M.D.
125 MAY STREET, SUITE 300
EDISON, NJ 088373264**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUCKWALTER, JOSEPH M.D.
125 MAY STREET, SUITE 300
EDISON, NJ 088373264**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FINERMAN, GERALD M.D.
125 MAY STREET, SUITE 300
EDISON, NJ 088373264**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRANKEL, VICTOR M.D.
125 MAY STREET, SUITE 300
EDISON, NJ 088373264**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. KAWAS

4/22/05

732-661-2290

Date

Daytime Phone #

ATTACHMENT 50057381
#F02000002633

**Musculoskeletal Transplant Foundation, Inc.
Board of Directors attachment**

(for 2004 Not-For -Profit Corporation Annual Report - State of Florida)

<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.	127 May Street, Suite 300	Edison, NJ 08837-3266
Joseph A. Buckwalter	125 May Street, Suite 300	Edison, NJ 08837-3264
William F. Enneking, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Gerald Finerman, M.D.	125 May Street, Suite 300	Edison, NJ 08837-3264
Victor Frankel, M.D., Ph. 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
Lloyd Jordan	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