

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90207 012 ****61.25

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1. Entity Name
MUSCULOSKELETAL TRANSPLANT FOUNDATION, INC.



Principal Place of Business
**125 MAY STREET, SUITE 300
EDISON, NJ 08837-3264**

Mailing Address
**125 MAY STREET, SUITE 300
EDISON, NJ 08837-3264**



03192007 No Chg-NP CR2E037 (4/06)

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, 2007**

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	EVP KAWAS, MICHAEL J 125 MAY STREET, SUITE 300 EDISON, NJ 088373264
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED D ENNEKING, WILLIAM M.D. William Tomford, 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 exemptions contained in Chapter 119, 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

4/11/07 732-641-2880

Date

Daytime Phone #