

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

06-10-2003 90035 031 ****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

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

2. Principal Place of Business

3. Mailing Address

1232 Mid Valley Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jessup PA

4. FEI Number **22-2803458**

Applied For
Not Applicable

Zip

Country

Zip **18434**

Country
USA

5. Certificate of Status Desired **XX**

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **P** ☐ Delete
NAME **STROEVER, BRUCE W**
STREET ADDRESS **125 MAY STREET, SUITE 300**
CITY-ST-ZIP **EDISON NJ 08837-3264**

TITLE **VST** ☐ Delete
NAME **KAWAS, MICHAEL J**
STREET ADDRESS **125 MAY STREET, SUITE 300**
CITY-ST-ZIP **EDISON NJ 08837-3264**

TITLE **CD** ☐ Delete
NAME **ENNEKING, WILLIAM M.D.**
STREET ADDRESS **125 MAY STREET, SUITE 300**
CITY-ST-ZIP **EDISON NJ 08837-3264**

TITLE **D** ☐ Delete
NAME **BUCKWALTER, JOSEPH M.D.**
STREET ADDRESS **125 MAY STREET, SUITE 300**
CITY-ST-ZIP **EDISON NJ 08837-3264**

TITLE **D** ☐ Delete
NAME **FINERMAN, GERALD M.D.**
STREET ADDRESS **125 MAY STREET, SUITE 300**
CITY-ST-ZIP **EDISON NJ 08837-3264**

TITLE **D** ☐ Delete
NAME **FRANKEL, VICTOR M.D.**
STREET ADDRESS **125 MAY STREET, SUITE 300**
CITY-ST-ZIP **EDISON NJ 08837-3264**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **see attached**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03 (732)661-2290
Date Daytime Phone #

CR2E037 (10/02)

80125546
ATTACHMENT

F02000002633

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

(for 2003 Not-For-Profit Corporation Uniform Business Reprot - 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
Thomas Beyersdorf	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
John F. Sherman, Ph.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