## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000000619

Entity Name: AESCULAP, INC.

Name:

Address:

City-St-Zip:

KILROY, MARK E

3773 CORPORATE PARKWAY

CENTER VALLEY, PA 18034

FILED Apr 23, 2009 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	PORATE PAI VALLEY, PA				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	PORATE PAI VALLEY, PA				
FEI Number	: 13-2885413	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323		urpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Election Car		nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( NEUBAUER, 0 824 TWELFTI BETHLEHEM,	1 AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CEO ( DINARDO, CH 824 TWELFTI BETHLEHEM,	1 AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	CFO (	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK KILROY CFO 04/23/2009