
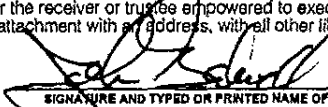


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000002899		
1. Entity Name WRIGHT MEDICAL TECHNOLOGY, INC.		
Principal Place of Business 5677 AIRLINE RD ARLINGTON, TN 38002		Mailing Address P.O. BOX 100 ARLINGTON, TN 38002
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC BAKEWELL, JOHN K 5677 AIRLINE RD ARLINGTON, TN 38002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREACE, JAMES T D 12982 FERNBANK LN JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMITT, RICHARD B D 25 DEFOREST AVE. SUMMIT, NJ 07901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERMAN, ELIZABETH H D 466 LEXINGTON AVE NEW YORK, NY 10017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYS, F. BARRY 5677 AIRLINE ROAD ARLINGTON, TN 38002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, JOYCE B 5677 AIRLINE ROAD ARLINGTON, TN 38002	
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 607, 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:  John K. Bakewell EV/CFO 4/22/06 901-867-9971 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1532765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

1100300552514
05/15/06-80015-018 150.00

**DO NOT WRITE
IN THIS SPACE**