2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002899

Entity Name: WRIGHT MEDICAL TECHNOLOGY, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
5677 AIRLINE RD ARLINGTON, TN 38002						
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 1 ARLINGTO	00 N, TN 38002					
FEI Number:	62-1532765	FEI Number Applied For () FEI Nu	ımber Not Appl	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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.						
SIGNATURE:						
	Electronic	Signature of Registered Agent		Date	_	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title:	EVPC ()	Delete	Title:	() Change () Addition		
Name: Address:	BAKEWELL, JOH 5677 AIRLINE RI		Name: Address:			
City-St-Zip:	ARLINGTON, TN		City-St-Zip:			
Title:		Delete	Title:	D (X) Change () Addition		
Name: Address:	TREACE, JAMES 12982 FERNBAN		Name: Address:	TREACE, JAMES T D 10515 DEERWOOD PK BLVD, BLDG 200,STE 250		
City-St-Zip:	JACKSONVILLE,		City-St-Zip:	JACKSONVILLE, FL 32256		
Title:	D ()	Delete	Title:	P (X) Change () Addition		
Name:	EMMITT, RICHAR		Name:	HENLEY, GARY D P		
Address: City-St-Zip:	25 DEFOREST A SUMMIT, NJ 079		Address: City-St-Zip:	5677 AIRLINE ROAD ARLINGTON, TN 38002		
Title:	D ()	Delete	Title:	S (X) Change () Addition		
Name:	WEATHERMAN,	ELIZABETH H D	Name:	HOOD, JASON P S		
Address: City-St-Zip:	466 LEXINGTON NEW YORK, NY		Address: City-St-Zip:	5677 AIRLINE ROAD ARLINGTON, TN 38002		
Title: Name:	D () [BAYS, F. BARRY	Delete ,	Title: Name:	() Change () Addition		
Address:	5677 AIRLINE RO		Address:			
City-St-Zip:	ARLINGTON, TN		City-St-Zip:			
Title:	, ,	Delete	Title:	() Change () Addition		
Name: Address:	JONES, JOYCE I		Name: Address:			
City-St-Zip:	ARLINGTON, TN		City-St-Zip:			

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.

SIGNATURE: JOHN K BAKEWELL EVP 05/02/2007