

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 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



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
62-1532765  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000842203  
03/11/08-80021-013 150.00

**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 10515 DEERWOOD PK BLVD, BLDG 200,STE 250 JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENLEY, GARY D P 5677 AIRLINE ROAD ARLINGTON, TN 38002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOOD, JASON P S 5677 AIRLINE ROAD ARLINGTON, TN 38002
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

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

John K. Bakewell EVP/CFO

2/13/08

901-867-9971

Date

Daytime Phone #