

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004008 (9)

1. Corporation Name
ACE MEDICAL COMPANY

Principal Place of Business
2260 EAST EL SEGUNDO BLVD.
EL SEGUNDO CA 90245-4694

Mailing Address
2260 EAST EL SEGUNDO BLVD.
EL SEGUNDO CA 90245-4607



3. Date Incorporated or Qualified 09/02/1993
3a. Date of Last Report 06/28/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

4. FEI Number 95-2495688
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~CEO~~ CEO ☐ DELETE
NAME ROBERT, MOREL
STREET ADDRESS 2260 E EL SEGUNDO BLVD
CITY- ST- ZIP EL SEGUNDO CA
TITLE P ☒ DELETE
NAME KOLB, FRED
STREET ADDRESS 14105 S AVALON DR
CITY- ST- ZIP LOS ANGELES CA
TITLE S ☐ DELETE
NAME STEVEN L. ARTUSI
STREET ADDRESS 2315 BLUE SMOKE TRL.
CITY- ST- ZIP MISHAWAKA IN
TITLE V ☒ DELETE
NAME PERING, CLAUDE
STREET ADDRESS 14105 S AVALON DR
CITY- ST- ZIP LOS ANGELES CA
TITLE VAS ☐ DELETE
NAME KATHERINE G. GREENBERG
STREET ADDRESS 1509 PALOS VERDES DR. W.
CITY- ST- ZIP PALOS VERDES ESTATES CA
TITLE V ☒ DELETE
NAME HANK COVELLO
STREET ADDRESS 2809 VIA CARRILLO
CITY- ST- ZIP PALOS VERDES ESTATES CA

1.1 TITLE Chairman of the Board ☐ Change ☒ Addition
1.2 NAME James A. Lent
1.3 STREET ADDRESS 700 Orthopaedic Drive, Warsaw, IN 46581
1.4 CITY- ST- ZIP
2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Thomas J. Oberhausen
2.3 STREET ADDRESS 700 Orthopaedic Drive, Warsaw, IN 46581
2.4 CITY- ST- ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Katherine Greenberg 2/7/97 (310) 615-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)