FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 28 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 # **F95000001525 (3)**

1. Corporation Name
INTERMEDICS ORTHOPEDICS, INC.

Principal Place of Business
9900 SPECTRUM DR.
AUSTIN TX 78717

Mailing Address
4000 TECHNOLOGY DR.
ANGELTON TX 77515-2523

3. Date Incorporated or Qualified: 03/29/1995
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 74-2206905 — 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
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARLAR, JERRY L		1.2 NAME		
STREET ADDRESS	9900 SPECTRUM DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX 78717		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	DIAK, PATRICIA A		2.2 NAME	Christopher L. Peterson	
STREET ADDRESS	9900 SPECTRUM DR.		2.3 STREET ADDRESS	9900 Spectrum Drive	
CITY-ST-ZIP	AUSTIN TX 78717		2.4 CITY-ST-ZIP	Austin, TX 78717	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIZELL, JEFFREY L		3.2 NAME		
STREET ADDRESS	9900 SPECTRUM DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX 78717		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SABINS, GARY		4.2 NAME		
STREET ADDRESS	9900 SPECTRUM DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	AUSTIN TX 78717		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	DORFLINGER, PETER G		5.2 NAME	Nicholas A. Loiacono	
STREET ADDRESS	4000 TECHNOLOGY DR.		5.3 STREET ADDRESS	4000 Technology Drive	
CITY-ST-ZIP	ANGLETON TX 77515-4000		5.4 CITY-ST-ZIP	Angleton, TX 77515-4000	
TITLE	T	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	LOIACONO, NICHOLAS A		6.2 NAME	Joseph F. Skraba	
STREET ADDRESS	4000 TECHNOLOGY DR.		6.3 STREET ADDRESS	9900 Spectrum Drive	
CITY-ST-ZIP	ANGLETON TX 77515-4000		6.4 CITY-ST-ZIP	Austin, TX 78717	

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: Nicholas A. Loiacono Secretary/Treasurer — April 14, 1997

CR2E034 (9/96)