

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

**FILED**  
**Apr 28 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F95000001525 (3)**  
 1. Corporation Name  
**INTERMEDICS ORTHOPEDICS, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>9900 SPECTRUM DR.<br/>AUSTIN TX 78717</b> | Mailing Address<br><b>4000 TECHNOLOGY DR.<br/>ANGELTON TX 77515-2523</b> |
|---|--|

|   |                        |   |  |
|---|------------------------|---|--|
| 2. Principal Place of Business                  | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>03/29/1995</b>                          | 3a. Date of Last Report<br><b>02/29/1996</b> |
| 21 Suite, Apt. #, etc.                          | 26 Suite, Apt. #, etc. | 4. FEI Number<br><b>74-2206905</b>  | Applied For<br>Not Applicable                |
| 22 City & State                                 | 27 City & State        | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required        |
| 23 Zip Country                                  | 28 Zip Country         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees           |
| 24  | 25                     | 29  | 30   |
| 9. Name and Address of Current Registered Agent |                        | 10. Name and Address of New Registered Agent                                    |  |

**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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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

**12. OFFICERS AND DIRECTORS**

|       |                             |                            |                               |  |
|-------|-----------------------------|----------------------------|-------------------------------|--|
| TITLE | NAME                        | STREET ADDRESS             | CITY-ST-ZIP                   | <input type="checkbox"/> DELETE            |
|       | <b>MARLAR, JERRY L</b>      | <b>9900 SPECTRUM DR.</b>   | <b>AUSTIN TX 78717</b>        |  |
|       | <b>DIK, PATRICIA A</b>      | <b>9900 SPECTRUM DR.</b>   | <b>AUSTIN TX 78717</b>        | <input checked="" type="checkbox"/> DELETE |
|       | <b>FRIZELL, JEFFREY L</b>   | <b>9900 SPECTRUM DR.</b>   | <b>AUSTIN TX 78717</b>        | <input type="checkbox"/> DELETE            |
|       | <b>SABINS, GARY</b>         | <b>9900 SPECTRUM DR.</b>   | <b>AUSTIN TX 78717</b>        | <input type="checkbox"/> DELETE            |
|       | <b>DORFLINGER, PETER G</b>  | <b>4000 TECHNOLOGY DR.</b> | <b>ANGLETON TX 77515-4000</b> | <input checked="" type="checkbox"/> DELETE |
|       | <b>LOIACONO, NICHOLAS A</b> | <b>4000 TECHNOLOGY DR.</b> | <b>ANGLETON TX 77515-4000</b> | <input checked="" type="checkbox"/> DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Christopher L. Peterson</b>   |
| 2.3 STREET ADDRESS | <b>9900 Spectrum Drive</b>   |
| 2.4 CITY-ST-ZIP    | <b>Austin, TX 78717</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Secretary/Treasurer</b>   |
| 5.3 STREET ADDRESS | <b>Nicholas A. Loiacono</b>  |
| 5.4 CITY-ST-ZIP    | <b>4000 Technology Drive</b><br><b>Angleton, TX 77515-4000</b>               |
| 6.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>Joseph F. Skraba</b>  |
| 6.3 STREET ADDRESS | <b>9900 Spectrum Drive</b>   |
| 6.4 CITY-ST-ZIP    | <b>Austin, TX 78717</b>  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 100/010 111

CR2E034 (9/96)