


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90007 031 ***150.00

DOCUMENT # F95000001525		
1. Entity Name CENTERPULSE ORTHOPEDICS INC.		

Principal Place of Business 9900 SPECTRUM DRIVE AUSTIN, TX 78717	Mailing Address 12 GREENWAY PLAZA SUITE 1000 HOUSTON, TX 77046-1203
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54005920



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number 74-2206905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, DAVID 9900 SPECTRUM DR. AUSTIN, TX 78717 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition J. Raymond Elliott 345 E. Main Street Warsaw, IN 46580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete STAMBACH, CHRISTIAN ANDREASSTRASSE 15 ZURICH, SWITZERLAND, CH-800	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James T. Crines 345 E. Main Street Warsaw, IN 46580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete HYNSON, DENNIS 9900 SPECTRUM DR. AUSTIN, TX 78717	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David C. Dvorak 345 E. Main Street Warsaw, IN 46580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete HITT-WILKEN, DAWN 9900 SPECTRUM DRIVE AUSTIN, TX 78717	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sam R. Leno 345 E. Main Street Warsaw, IN 46580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MAY, RICHARD 12 GREENWAY PLAZA, SUITE 1000 HOUSTON, TX 770461203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Chad F. Phipps 345 E. Main Street Warsaw, IN 46580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete WISE, DAVID S 12 GREENWAY PLAZA, SUITE 1000 HOUSTON, TX 770461203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: Chad F. Phipps *Chad F. Phipps* **1/19/04** **574-371-8505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #