

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000002848 (8)**

1. Corporation Name

**SMITH & NEPHEW RICHARDS, INC.**



Principal Place of Business

**1450 BROOKS RD.  
MEMPHIS TN 38116**

Mailing Address

**1450 BROOKS RD.  
MEMPHIS TN 38116**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current 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 shall be typed here.

(Print) Registered Agent's name shall be typed here.

(Date)

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | <b>D</b>                | <input type="checkbox"/> DELETE            |
| NAME           | <b>BLAIR, JACK</b>      |  |
| STREET ADDRESS | <b>1450 BROOKS RD.</b>  |  |
| CITY-STATE-ZIP | <b>MEMPHIS TN 38116</b> |  |
| TITLE          | <b>DP</b>               | <input type="checkbox"/> DELETE            |
| NAME           | <b>PAPASAN, LARRY</b>   |  |
| STREET ADDRESS | <b>1450 BROOKS RD.</b>  |  |
| CITY-STATE-ZIP | <b>MEMPHIS TN 38116</b> |  |
| TITLE          | <b>DVT</b>              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SPARKS, RON</b>      |  |
| STREET ADDRESS | <b>1450 BROOKS RD.</b>  |  |
| CITY-STATE-ZIP | <b>MEMPHIS TN 38116</b> |  |
| TITLE          | <b>DVS</b>              | <input type="checkbox"/> DELETE            |
| NAME           | <b>PARRISH, BEN</b>     |  |
| STREET ADDRESS | <b>1450 BROOKS RD.</b>  |  |
| CITY-STATE-ZIP | <b>MEMPHIS TN 38116</b> |  |
| TITLE          | <b>V</b>                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MARTIN, THOMAS</b>   |  |
| STREET ADDRESS | <b>1450 BROOKS RD.</b>  |  |
| CITY-STATE-ZIP | <b>MEMPHIS TN 38116</b> |  |
| TITLE          | <b>V</b>                | <input type="checkbox"/> DELETE            |
| NAME           | <b>BARDOS, DENES</b>    |  |
| STREET ADDRESS | <b>1450 BROOKS RD.</b>  |  |
| CITY-STATE-ZIP | <b>MEMPHIS TN 38116</b> |  |

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-STATE-ZIP |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-STATE-ZIP |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>DVT</b>   |
| 3.3 STREET ADDRESS | <b>P. David Southworth</b>   |
| 3.4 CITY-STATE-ZIP | <b>1450 Brooks Road</b>  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-STATE-ZIP |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-STATE-ZIP |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-STATE-ZIP |  |

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**-03/05/96--01120--020**  
**\*\*\*200.00**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

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

**2-27-96** **901/396-2121**

CR2E034 (12/95)