

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90307 001 ***300.00

DOCUMENT # F96000005402

1. Entity Name
XOMED SURGICAL PRODUCTS, INC.

Principal Place of Business Mailing Address
6743 SOUTHPOINT DRIVE NORTH 6743 SOUTHPOINT DRIVE NORTH
JACKSONVILLE FL 32216 JACKSONVILLE FL 32216

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **06-1393528** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

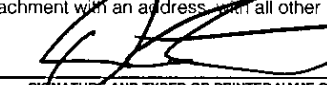
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC TREACE, JAMES T 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAYS, F B 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIMBIE, THOMAS E 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMITT, RICHARD B 18 BANK STREET SUMMIT NJ 07901	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORHEAD, RODMAN W III 466 LEXINGTON AVE NEW YORK NY 10017	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, WILLIAM R 150 EAST 52ND STREET, 12TH FLOOR NEW YORK NY 10022	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT H. BLANKEMEYER 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAN E. RUSTAD 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAIME A. FRIAS 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C ARTHUR D. COLLINS 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V ROBERT L. RYAN 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V DAVID L. SCOTT 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216	☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:  **DEAN RUSTAD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
 Date

279-7525
 904-275-5922
 Daytime Phone #

CR2E034 (10/00)