


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90004 044 \*\*\*550.00

<b>DOCUMENT # F97000001604</b> 1. Entity Name <b>SMITH &amp; NEPHEW, INC.</b>					
Principal Place of Business <b>1450 BROOKS RD MEMPHIS, TN 38116</b>			Mailing Address <b>1450 BROOKS RD MEMPHIS, TN 38116</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City & State		City & State		4. FEI Number <b>51-0123924</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$8.75 Additional Fee Required	
SIGNATURE: <i>James A. Ralston</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		\$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 line empowered.		SIGNATURE: <i>James A. Ralston</i> Secretary	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DPS RALSTON, JAMES A 1450 BROOKS RD MEMPHIS, TN 38116		DIRECTOR SCOTT FIDRA 1450 BROOKS ROAD MEMPHIS TN 38116		DIRECTOR MARK AUGUSTI 1450 BROOKS ROAD MEMPHIS TN 38116	
D TAYLOR, JAMES 150 MINUTEMAN ROAD ANDOVER, MA 01810		DIRECTOR THOMAS FINNERTY 150 MINUTEMAN ROAD ANDOVER MASS 01810		AS WATSON, DENNIS 1450 BROOKS RD MEMPHIS, TN 38116	
D ILLINGWORTH, DAVID 1450 BROOKS RD MEMPHIS, TN 38116		PAM JOHNSON TREASURER 1450 BROOKS ROAD MEMPHIS TN 38116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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