

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750.

011567

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUL 12 AM 8:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000000196

1. Corporation Name
SULZER SPINE-TECH SURGICAL INC.



Principal Place of Business
**7375 BUSH LAKE RD.
 MINNEAPOLIS MN 55439**

Mailing Address
~~7375 BUSH LAKE RD.
 MINNEAPOLIS MN 55439~~
**3 East Greenway Plaza, Suite 1600
 Houston, TX 77046-0391**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		41-1890308		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		77046-0391		USA	
Zip		Country		29		30	
24		25		77046-0391		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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 400002939394--5 -07/22/99--01108--006			
				84 City ***150.00 ***150.00 FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STASSEN, DAVID W	1.2 NAME	Buchel, Andre P.
STREET ADDRESS	7375 BUSH LAKE RD.	1.3 STREET ADDRESS	3 East Greenway Plaza, Suite 1600
CITY-ST-ZIP	MINNEAPOLIS MN 55439	1.4 CITY-ST-ZIP	Houston, TX 77046-0391
TITLE	VTS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASTMAN, KEITH M	2.2 NAME	May, Richard J.
STREET ADDRESS	7375 BUSH LAKE RD.	2.3 STREET ADDRESS	3 East Greenway Plaza, Suite 1600
CITY-ST-ZIP	MINNEAPOLIS MN 55439	2.4 CITY-ST-ZIP	Houston, TX 77046-0391
TITLE	VAS <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD, PAUL R	3.2 NAME	Lunsford, Paul R.
STREET ADDRESS	7375 BUSH LAKE RD.	3.3 STREET ADDRESS	7375 Bush Lake Rd.
CITY-ST-ZIP	MINNEAPOLIS MN 55439	3.4 CITY-ST-ZIP	Minneapolis, MN 55439-2027
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMMERS, MARK A	4.2 NAME	Wise, David S.
STREET ADDRESS	7375 BUSH LAKE RD.	4.3 STREET ADDRESS	3 East Greenway Plaza, Suite 1600
CITY-ST-ZIP	MINNEAPOLIS MN 55439	4.4 CITY-ST-ZIP	Houston, TX 77046-0391
TITLE	ATAS <input type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THALHUBER, DENNIS J	5.2 NAME	Thalhuber, Dennis J.
STREET ADDRESS	7375 BUSH LAKE RD.	5.3 STREET ADDRESS	7375 Bush Lake Rd.
CITY-ST-ZIP	MINNEAPOLIS MN 55439	5.4 CITY-ST-ZIP	Minneapolis, MN 55439-2027
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Selman, II, T.C.
STREET ADDRESS		6.3 STREET ADDRESS	3 East Greenway Plaza, Suite 1600
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston, TX 77046-0391

14. 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 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: *David S. Wise* **David S. Wise, Secretary** 7/12/99 713/561-6373

CR2E034 (5/99)

SULZERMEDICA



Sulzer Medica USA Inc.

3 East Greenway Plaza
Suite 1600
Houston, Texas 77046-0391
Main (713) 561-6300

July 15, 1999

**VIA CERTIFIED MAIL
P 416 352 045**

Ms. Leslie Sellers
Florida Department of State
Annual Report Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Sulzer Spine-Tech Surgical Inc.
No. F98000000196

Dear Ms. Sellers:

On April 27, 1999, I sent the enclosed copy of Profit Corporation Annual Report 1999 on behalf of Spine-Tech Surgical, Inc., Document No. F98000000196, along with check No. 27042669 dated April 22, 1999, in the amount of \$150.00. This report and the check were sent to Annual Report Filings, Division of Corporations, 409 East Gaines Street, Tallahassee, FL 32399, via Federal Express, Airbill No. 790750305880 (copy of Airbill enclosed) and received in Tallahassee on April 28, 1999, 9:33 a.m. by K. Walker (copy of receipt enclosed).

Per our telephone conversation, you were unable to locate the above mentioned Annual Report and check. Our records indicate that the check has not cleared the bank. Therefore, I have stopped payment on check No. 27042669 dated April 22 1999, in the amount of \$150.00 and enclose another check in the amount of \$150.00 as a replacement. I have also completed the Annual Report form that I received as Second Notice since I was not sure if you needed an original, signed Annual Report.

On April 28, 1999, I sent an Amendment to the Certificate of Authority to change the name from Spine-Tech Surgical, Inc. to Sulzer Spine-Tech Surgical Inc. This Amendment was acknowledged on May 4, 1999, by the Amendment Filing Section, Division of Corporations.

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Ms. Leslie Sellers
Florida Department of State
Annual Report Filings
July 15, 1999
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If you need additional information, please do not hesitate to contact me at 713/561-6373, fax 713/561-6380 or by E-mail Debby.Rickaway@smedica.com.

Sincerely,



Debby Rickaway
Senior Legal Assistant

/dr
Enclosures