
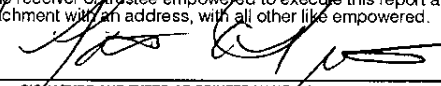


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90042 007 \*\*\*150.00

<b>DOCUMENT # F98000003108</b> 1. Entity Name <b>MOLNLYCKE HEALTH CARE, INC.</b>					
Principal Place of Business <b>826 NEWTOWN-YARDLEY ROAD SUITE 300 NEWTOWN, PA 18940</b>			Mailing Address <b>826 NEWTOWN-YARDLEY ROAD SUITE 300 NEWTOWN, PA 18940</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>UNITED CORPORATE SERVICES 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <b>EGBERTS, JAN H</b> <b>826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN, PA 18940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>KARLSSON, ANDERS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>NORLANDER, JAN</b> <b>826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN, PA 18940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>TJETBON, PATRICIA A.</b> <b>826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN, PA 18940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / TREASURER</b> <b>TJETBON, PATRICIA A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JOHNSON, FINN</b> <b>826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN, PA 18940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>NILSSON, MATS</b> <b>826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN, PA 18940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OLSSON, THOMAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HENTCHEL, PETER</b> <b>826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN, PA 18940</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HENTSCHEL, PETER</b> <input checked="" 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.					
<b>SIGNATURE:</b> 			<b>PATRICIA A. TJETBON</b> 02-13-04 (267) 685-2000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment

54009844

\*F98000003/08

Molnlycke Health Care, Inc.  
FEI # 23-2945905

**Officers**

<u>Name</u>	<u>Title</u>	<u>Principal Place of Business</u>	<u>Phone Number</u>
Jan Nordlander	President	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Patricia A. Tietbohl	Treasurer/ Secretary	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000

**Directors**

<u>Name</u>	<u>Term Expires</u>	<u>Principal Place of Business</u>	<u>Phone Number</u>
Finn Johnsson	02/28/05	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Thomas Olsson	02/28/05	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Anders Karlsson	02/28/05	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Peter Hentschel	02/28/05	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000

The company is 100% owned by Molnlycke Health Care AB of Gothenberg, Sweden.