

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90183 038 ***150.00

DOCUMENT # F98000003108

1. Entity Name
MOLNLYCKE HEALTH CARE, INC.



Principal Place of Business
826 NEWTOWN-YARDLEY ROAD
SUITE 300
NEWTOWN PA 18940

Mailing Address
826 NEWTOWN-YARDLEY ROAD
SUITE 300
NEWTOWN PA 18940

2. Principal Place of Business
826 NEWTOWN-YARDLEY ROAD

3. Mailing Address
826 NEWTOWN-YARDLEY ROAD

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

City & State
NEWTOWN, PA

City & State
NEWTOWN, PA

Zip
18940

Country
USA

Zip
18940

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-2945905**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D EGBERTS, JAN H 826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN PA 18940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORDLANDER, JAN 826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN PA 18940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CHUNG, ABBEY ROBERTS 826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN PA 18940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, FINN 826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN PA 18940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NILSSON, MATS 826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN PA 18940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENTCHEL, PETER 826 NEWTOWN-YARDLEY ROAD, SUITE 300 NEWTOWN PA 18940	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TREASURER
PATRICIA A. TIETBOM
826 NEWTOWN-YARDLEY ROAD, SUITE 300
NEWTOWN, PA 18940

COMPLETE LIST ATTACHED

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03 (267) 685-2056

Date **Daytime Phone #**

CR2E034 (10/02)

Attachment

90074012

#F98000003108

Molnlycke Health Care, Inc.
FEI # 23-2945905

Officers

<u>Name</u>	<u>Title</u>	<u>Principle Place of Business</u>	<u>Phone Number</u>
Jan H. Egberts, M. D.	Chairman	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Jan Nordlander	President	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Patricia A. Tietbohl	Treasurer	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Anthony G. Brennan	Secretary	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000

Directors

<u>Name</u>	<u>Term Expires</u>	<u>Principle Place of Business</u>	<u>Phone Number</u>
Jan H. Egberts, M. D.	02/28/04	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Finn Johnsson	02/28/04	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Mats Nilsson	02/28/04	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Christian Ewert	02/28/04	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000
Peter Hentschel	02/28/04	826 Newtown-Yardley Road, #300 Newtown, PA 18940	(267) 685-2000

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