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03-03-1999 90067 007 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # G11135
 1. Corporation Name
SULZER OSCOR INC.



Principal Place of Business
 3816 DE SOTO BLVD.
 P.O. BOX 459
 PALM HARBOR FL 34682-7459

Mailing Address
Sulzer Medica USA Inc. Legal Dept.
~~SULZER MEDICA USA INC. LEGAL DEPT.~~
 4000 TECHNOLOGY DR.
 ANGLETON TX 77515
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1982

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

4. FEI Number
59-2276224

Applied For
 Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DELVECCHIO, JOSEPH	
STREET ADDRESS	3816 DESOTO BLVD.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, JOHN	
STREET ADDRESS	4000 TECHNOLOGY DRIVE	
CITY-ST-ZIP	ANGLETON TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WESTBROOK, PAMELA B	
STREET ADDRESS	4000 TECHNOLOGY DRIVE	
CITY-ST-ZIP	ANGLETON TX 77515-4000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PANITZ, LAWRENCE H	
STREET ADDRESS	4000 TECHNOLOGY DRIVE	
CITY-ST-ZIP	ANGLETON TX 77515-4000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald J. Schortgen	
1.3 STREET ADDRESS	4000 Technology Drive	
1.4 CITY-ST-ZIP	Angletn, TX 77515	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard J. May	
2.3 STREET ADDRESS	3 East Greenway Plaza, Ste. 1600	
2.4 CITY-ST-ZIP	Houston, TX 77046-0391	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T.C. Selman, II	
3.3 STREET ADDRESS	3 East Greenway Plaza, Ste. 1600	
3.4 CITY-ST-ZIP	Houston, TX 77046-0391	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David S. Wise	
4.3 STREET ADDRESS	3 East Greenway Plaza, Ste. 1600	
4.4 CITY-ST-ZIP	Houston, TX 77046-0391	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *David S. Wise* **David S. Wise, Secretary 1/19/99** 713/561-6373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)