FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M14825 1. Corporation Name

AMEDICA CORPORATION

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90021 044 ***150.00



Principal Place	of Business	Mailing Address					. 41417 97971 91417 91		
2281 SW 27TH	AVE	2281 SW 27TH AVE							
MIAMI FL 33145		MIAMI FL 33145				DO NOT WRITE IN THIS SPACE			
U\$		US				3. Date Incorporated or Qualified			l
						04/29/1985			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Apr	olied For	ı
21		26				59-2553643		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	e	City & State				6. Election Campaign Financing	\$5.00	Mav Be	
23	many and a comme	28				Trust Fund Contribution	Added to	Fees -	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I	ntangible		
24	25	29 . 30	<u> </u>			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent		
				81 Name					ı
FERNANDEZ, EDUARDO P				82 Street	Addre	ss (P.O. Box Number is Not Acceptable)			
2281 SW 27TH AVE									
MAIM	AI FL 33145			83					
	•			84 City			. 85 Zip C	ode	
						<u>F</u>	L		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m famillar with, and accept the obligat	of Florida. Such change was auth	ionzec	l by the cort	oration	ration submits this statement for the purpose o's board of directors. I hereby accept the app	pintment as reg	gistered	
	Signature, typed or printed name of registered agent			Agent signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIBECTO	DC IN 12	9
12.	OFFICERS ANI		13.		т —	ADDITIONS/CHANGES TO OFFICERS /	☐ Change	Addition	1
TITLE	D .	☐ DELETE	1.1 TI					L.,] / toolso	}
NAME	FERNANDEZ, EDUARDO P.		1.2 N/						8
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CITY-ST-ZIP			9.4 6	TITOTTAIN					J

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 thistee 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: