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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06648 (0)

1. Corporation Name
HOWMEDICA/RUSSELL & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3260 INTERNATIONAL DRIVE MOBILE AL 36606	3260 INTERNATIONAL DRIVE MOBILE AL 36606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 07/03/1985	3a. Date of Last Report: 04/26/1994
4. FEI Number: 63-0903239	Applied For / Not Applicable
5. Certificate of Status Desired: ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
8. This corporation has/will be filing its tax under S. 199.032 Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH FL 32548	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 Section 607.0505 and/or 617.1007, 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. The 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: H. Bryce Russell 1-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (A, C, D)
Title	PTS	☐ Change ☐ Addition
Name	RUSSELL, H. BRYCE	
Street Address	3260 INTERNATIONAL DR.	
City-St-Zip	MOBILE AL	
Title	VD	☐ Change ☐ Addition
Name	RUSSELL, CAROL A.	
Street Address	3260 INTERNATIONAL DR.	
City-St-Zip	MOBILE AL	
Title	D	☐ Change ☐ Addition
Name	RUSSELL, H. BRYCE	
Street Address	3260 INTERNATIONAL DR.	
City-St-Zip	MOBILE AL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I do hereby certify that the information supplied with this filing is true and accurate and that my signature shall serve 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, added or deleted) with an asterisk.

SIGNATURE: H. Bryce Russell 1-27-95 334/476/1770
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0471627 FP