

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name

[illegible]

Mailing Address

35 SAN PEDRO DRIVE
HAMILTON, ONTARIO L8N 1T8
HAMILTON ON L9C 2-4
US

3a. Date of Last Report
04/24/1995

4. FEI Number	Applied For
98-0082339	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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

85	Zip Code
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SIGNATURE

Signature, typed or printed name, of regulated agent or filer (agc:000000)

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DA!E

12. OFFICERS AND DIRECTORS

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1 1 TITLE
1 2 NAME
1.3 STREET ADDRESS
1 4 CITY - ST - ZIP

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2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE
3 2 NAME
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4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

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5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

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61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature and typed or printed name of signing officer or director
 X Joseph L. Mc Cormick (secretary)

January 31.1996

(905) 318-6959

	Date	Day-time Phone #
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