


779 2-127  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P12960 (1)**

1. Corporation Name  
**KIRSCHNER MEDICAL CORPORATION**

Principal Place of Business  
**AIRPORT INDUSTRIAL PARK  
WARSAW IN 46580  
US**

Mailing Address  
**P.O. BOX 587  
WARSAW IN 46581-0587  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/21/1987**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		52-1319702		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
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

Signature: typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>MILLER, DANA A</b>	1.2 NAME	<b>Miller, Dane A.</b>
STREET ADDRESS	<b>AIRPORT INDUSTRIAL PARK</b>	1.3 STREET ADDRESS	<b>Airport Industrial Park</b>
CITY-ST-ZIP	<b>WARSAW IN</b>	1.4 CITY-ST-ZIP	<b>Warsaw IN</b>
TITLE	<b>VS</b>	2.1 TITLE	
NAME	<b>GOUNARIS, NICHOLAS L</b>	2.2 NAME	
STREET ADDRESS	<b>6 UPPER POND RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARSIPANY NJ 48</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>MILLER, DANE A.</b>	3.2 NAME	
STREET ADDRESS	<b>AIRPORT INDUSTRIAL PARK</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARSAW IN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>HANN, DANIEL P.</b>	4.2 NAME	
STREET ADDRESS	<b>AIRPORT INDUSTRIAL PARK</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARSAW IN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	5.1 TITLE	
NAME	<b>HANN, DANIEL P</b>	5.2 NAME	
STREET ADDRESS	<b>AIRPORT INDUSTRIAL PARK</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARSAW IN</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	6.1 TITLE	
NAME	<b>HARTMAN, GREGORY D.</b>	6.2 NAME	
STREET ADDRESS	<b>AIRPORT INDUSTRIAL PARK</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WARSAW IN</b>	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.

SIGNATURE:

CR2E034 (10/97)