SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 8:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P13481** **(7)**

1. Corporation Name
SMITH & NEPHEW, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
11775 STARKEY ROAD, SUITE 100 LARGO FL 34649	11775 STARKEY ROAD, SUITE 100 LARGO FL 34649

3. Date Incorporated or Qualified: 03/05/1987
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 43-0834659 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

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

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)

8. This corporation has liability for intangible 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	Chairman of the Board	☐ Change ☒ Addition
NAME	~~[illegible] JAMES M.~~	1.2 NAME	Jack Blair	
STREET ADDRESS	~~11775 STARKEY ROAD STE 100~~	1.3 STREET ADDRESS	1450 Brooks Road	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	Memphis, TN 38116	
TITLE	AS	2.1 TITLE	D/S	☐ Change ☐ Addition
NAME	~~BERKENSTOCK, H ROY, JR~~	2.2 NAME	Ben Parrish	
STREET ADDRESS	~~1450 BROOKS RD~~	2.3 STREET ADDRESS	1450 Brooks Road	
CITY-ST-ZIP	~~MEMPHIS TN~~	2.4 CITY-ST-ZIP	Memphis, TN 38116	
TITLE	PD	3.1 TITLE	AS	☐ Change ☒ Addition
NAME	~~FURNESS, TERENCE N~~	3.2 NAME	Robert Lucas	
STREET ADDRESS	~~11775 STARKEY RD, ST 100~~	3.3 STREET ADDRESS	1450 Brooks Road	
CITY-ST-ZIP	~~LARGO FL~~	3.4 CITY-ST-ZIP	Memphis, TN 38116	
TITLE	SD	4.1 TITLE	VP/T	☒ Change ☐ Addition
NAME	SOUTHWORTH, DAVID	4.2 NAME	David Southworth	
STREET ADDRESS	11775 STARKEY RD, ST 100	4.3 STREET ADDRESS	1450 Brooks Road	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Memphis, TN 38116	
TITLE	DVP	5.1 TITLE	AS	☐ Change ☒ Addition
NAME	~~URBANOWICZ, DON~~	5.2 NAME	Joel Petrow	
STREET ADDRESS	~~P.O. BOX 550~~	5.3 STREET ADDRESS	1450 Brooks Road	
CITY-ST-ZIP	~~MASSILLON OH~~	5.4 CITY-ST-ZIP	Memphis, TN 38116	
TITLE	V	6.1 TITLE	AS	☐ Change ☐ Addition
NAME	~~SAUTTERS, THOMAS~~	6.2 NAME	Tony Parish	
STREET ADDRESS	~~P.O. BOX 550~~	6.3 STREET ADDRESS	1450 Brooks Road	
CITY-ST-ZIP	~~MASSILLON OH~~	6.4 CITY-ST-ZIP	Memphis, TN 38116	

CR2E034 (3/95)

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)(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: _____ 6/28/95 (901) 396-2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116270 CP