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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P13481

(7)

1. Corporation Name

SMITH & NEPHEW AHP, INC.



Principal Place of Business

11775 STARKEY ROAD, SUITE 100
LARGO FL 34649

Mailing Address

11775 STARKEY ROAD, SUITE 100
LARGO FL 33773-4727

3. Date Incorporated or Qualified
03/05/1987

3a. Date of Last Report
07/17/1996

2. Principal Place of Business

21 1450 Brooks Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 1450 Brooks Rd.
Suite, Apt. #, etc.

4. FEI Number
43-0834659

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 Memphis TN
Zip Country

City & State

28 Memphis TN
Zip Country

24 38116

25 Shelby

29 38116

30 Shelby

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CB	<input type="checkbox"/> DELETE
NAME	BLAIR, JACK	
STREET ADDRESS	1450 BROOKS ROAD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PARRISH, BEN	
STREET ADDRESS	1450 BROOKS ROAD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LUCAS, ROBERT	
STREET ADDRESS	1450 BROOKS ROAD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	SOUTHWORTH, DAVID	
STREET ADDRESS	1450 BROOKS ROAD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PETROW, JOEL	
STREET ADDRESS	1450 BROOKS ROAD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PARISH, TONY	
STREET ADDRESS	1450 BROOKS ROAD	
CITY - ST - ZIP	MEMPHIS TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CB D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 807, 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

Ben Parrish
Ben Parrish

4/30/97

901/396-2121

CR2E034 (9/96)