

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 24, 1999 8:00 am
Secretary of State
 08-24-1999 90001 027 ***550.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **P13481**
 1. Corporation Name

SMITH & NEPHEW AHP, INC.

608830 - 90001 - 27



Principal Place of Business

1450 BROOKS RD
 MEMPHIS TN 38116
 US

Mailing Address

1450 BROOKS RD
 MEMPHIS TN 38116
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1987

4. FEI Number **43-0834659**
 Applied For
 Not Applicable

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

8. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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	CBDP	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, JACK	
STREET ADDRESS	1450 BROOKS ROAD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	DS	<input checked="" 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	VPT	<input checked="" 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	CBDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cliff Lomax	
1.3 STREET ADDRESS	1450 Brooks Rd.	
1.4 CITY-ST-ZIP	Memphis, TN 38116	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James A. Ralston	
2.3 STREET ADDRESS	1450 Brooks Rd.	
2.4 CITY-ST-ZIP	Memphis, TN 38116	
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 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: James A Ralston 3/16/99 901/396-221

CR2E034 (5/99)