FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S37509

1. Corporation Name

Walter Lorenz Surgical, Inc.

Principal Place of Business	Mailing Address
1520 Tradeport Drive Jacksonville, FL 32218	P.O. Box 18009 Jacksonville, FL 32229-8009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1991
3a. Date of Last Report: 03/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1692523 ☐ 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

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 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 _____ 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	P	11 TITLE	☐ Change ☐ Addition
NAME	Debra A. Powers	12 NAME	300001513363
STREET ADDRESS	1520 Tradeport Dr.	13 STREET ADDRESS	-06/15/95--01018--030
CITY ST ZIP	Jacksonville, FL 32218	14 CITY ST ZIP	****208.75 ****208.75
TITLE	T/D	21 TITLE	☐ Change ☐ Addition
NAME	Gregory D. Hartman	22 NAME	
STREET ADDRESS	Airport Industrial Park	23 STREET ADDRESS	
CITY ST ZIP	Warsaw, IN 46580	24 CITY ST ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	Kent E. Williams	32 NAME	V/AS
STREET ADDRESS	1520 Tradeport Dr.	33 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL 32218	34 CITY ST ZIP	
TITLE	S/D	41 TITLE	☐ Change ☐ Addition
NAME	Daniel P. Hann	42 NAME	
STREET ADDRESS	Airport Industrial Park	43 STREET ADDRESS	
CITY ST ZIP	Warsaw, IN 46580	44 CITY ST ZIP	
TITLE	A/S	51 TITLE	☒ Change ☐ Addition
NAME	~~Vickie J. Powers~~	52 NAME	Kent E. Williams
STREET ADDRESS	1520 Tradeport Drive	53 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL 32218	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Dane A. Miller	62 NAME	
STREET ADDRESS	Airport Industrial Park	63 STREET ADDRESS	
CITY ST ZIP	Warsaw, IN 46580	64 CITY ST ZIP	Remd Hunley CH

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: _____ 5/15/95 (219) 267-6639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Daniel P. Hann, Secretary