

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37509

FILED  
Feb 19, 2004  
Secretary of State

Entity Name: WALTER LORENZ SURGICAL, INC.

## Current Principal Place of Business:

1520 TRADEPORT DRIVE  
JACKSONVILLE, FL 32218 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 18009  
JACKSONVILLE, FL 322295009

## New Mailing Address:

FEI Number: 59-1692523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRATT, JOEL  
Address: 1520 TRADEPORT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete  
Name: HARTMAN, GREGORY D  
Address: AIRPORT INDUSTRIAL PARK  
City-St-Zip: WARSAW, IN

Title: SD ( ) Delete  
Name: HANN, DANIEL P.  
Address: AIRPORT INDUSTRIAL PARK  
City-St-Zip: WARSAW, IN

Title: D ( ) Delete  
Name: MILLER, DANE A.  
Address: AIRPORT INDUSTRIAL PARK  
City-St-Zip: WARSAW, IN

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HARTMAN, GREGORY D  
Address: 56 E. BELL DR.  
City-St-Zip: WARSAW, IN 46582

Title: SD (X) Change ( ) Addition  
Name: HANN, DANIEL P.  
Address: 56 E. BELL DR.  
City-St-Zip: WARSAW, IN 46582

Title: D (X) Change ( ) Addition  
Name: MILLER, DANE A.  
Address: 56 E. BELL DR.  
City-St-Zip: WARSAW, IN 46582

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL P. HANN

SD

02/19/2004

Electronic Signature of Signing Officer or Director

Date