

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90145 037 ***150.00

DOCUMENT # S37509

1. Entity Name
WALTER LORENZ SURGICAL, INC.



Principal Place of Business
**1520 TRADEPORT DRIVE
JACKSONVILLE FL 32218
US**

Mailing Address
**P O BOX 18009
JACKSONVILLE FL 32229-5009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1692523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PRATT, JOEL**
CITY-ST-ZIP **1520 TRADEPORT DRIVE
JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HARTMAN, GREGORY D**
CITY-ST-ZIP **AIRPORT INDUSTRIAL PARK
WARSAW IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **HANN, DANIEL P.**
CITY-ST-ZIP **AIRPORT INDUSTRIAL PARK
WARSAW IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MILLER, DANE A.**
CITY-ST-ZIP **AIRPORT INDUSTRIAL PARK
WARSAW IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

April 11, 2003

(574) 267-6639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

BIOMET

537509

Via Federal Express – Economy

April 11, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
409 East Gaines Street
Tallahassee, Florida 32399

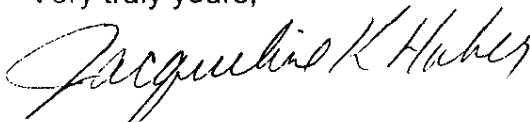
RE: Arthrotek, Inc.; Biomet, Inc.; Biomet Orthopedics, Inc.; and
Walter Lorenz Surgical, Inc.

Dear Sir or Madam:

Enclosed please find the 2003 Uniform Business Reports for the above-referenced corporations, along with four checks in the amount of \$150.00 each, representing the filing fee for each entity.

If you have any questions, please feel free to contact me. Thank you for your assistance.

Very truly yours,



Jacqueline K. Huber
Corporate Paralegal
Biomet, Inc.

sa

Enclosures

MAILING ADDRESS
P.O. Box 587
Warsaw, IN 46581-0587

SHIPPING ADDRESS
56 E. Bell Drive
Warsaw, IN 46582

OFFICE
574.267.6639

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574.267.8137

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