

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98512

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: TUTOGEN MEDICAL, INC.

## Current Principal Place of Business:

11621 RESEARCH CIR.  
ALACHUA, FL 32615 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2650  
ALACHUA, FL 326162650 US

## New Mailing Address:

11621 RESEARCH CIR.  
ALACHUA, FL 32615 US

FEI Number: 59-3100165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOFORD, KEITH C  
11621 RESEARCH CIR  
ALACHUA, FL 32615 US

## Name and Address of New Registered Agent:

UNITED CORPORATE SERVICES, INC  
9200 SOUTH DADELAND BLVD., SUITE 508  
MIAMI, FL 33156 US

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: MICHAEL A. BARR, PRESIDENT

06/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: HUTCHISON, BRIAN K  
Address: 11621 RESEARCH CIRCLE  
City-St-Zip: ALACHUA, FL 32165 US

Title: VCFO ( ) Delete  
Name: ROSE, THOMAS F  
Address: 11621 RESEARCH CIR.  
City-St-Zip: ALACHUA, FL 32615 US

Title: EVP ( ) Delete  
Name: ROSE, ROGER W  
Address: 11621 RESEARCH CIR  
City-St-Zip: ALACHUA, FL 32615

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS F. ROSE

CFO

06/16/2009

Electronic Signature of Signing Officer or Director

Date