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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # P37346**

1. Corporation Name

DEPUY ORTHOPAEDICS, INC.

NAME SEWARD, TAYLOR 52 NAME Stephan Gansler 700 ORTHOPAEDIC DR 53 STREET ADDRESS CITY-ST-ZIP WARSAW IN 54 CITY-ST-ZIP Warsaw, IN 46581										
Applied For Value of Business   Value of Busin	Principal Place	e of Business	Mailing Address				1 10011001 100 1111 1000 11		<b>                                   </b>	ASBLI BIRIL LBAL
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2. Principal Place of Business   2a. Making Address   4. Fel Number   02/03/1992   21   26   5. Certification of Status Desired   5. Certification Campaign Financing   5. Control of Status Desired   5. Certification Campaign Financing   5. Control of Status Desired   5. Certification Campaign Financing   5. Control of Status Desired   5. Certification Campaign Financing   5. Control of Status Desired   5. Control of Status Desired						- 1				
Cyroling   Place of Business   2a. Mailing Address   4. FEI Number   3.5 1843282   Not Applied For   21   25   Sulta, Apt. #, etc.			US	US			DO NOT WRITE IN THIS SPACE			
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Suite. Apt #, etc.    Suite. Apt #, etc.   Suite. Apt #, etc.   Suite. Apt #, etc.   Suite. Apt #, etc.   Suite. Apt #, etc.   Suite.   State   Suite   State   Suite   State   Suite   State   Suite   Suite	21	·	26				35-1843282		·   N	lot Applicable
City & State   City		#, etc.					E Cartifords of Otatus Desire	~ L	\$8.75	Additional
Trust Fund Contribution	22		27			1	5. Certificate of Status Desire		Fee F	tequired
23   25   26   27   27   28   28   30   30   30   30   30   30   30   3	City & State	е					6. Election Campaign Finance	ing _	\$5.00	May Be
Zip	23		28				• =	• п	•	- 1
25   29   39   Personal Property Tax.   Yes   No		Country		Country	<del></del>		8. This corporation owes the	current year l	ntangible	
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent. an an accept the obligations of, Section 607.0505, Florida Statutes.  85 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes.  86 City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statutes.  87 City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statutes.  88 City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statutes.  89 City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statutes.  80 City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statutes.  81 City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statutes.  82 Zip Code  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. Name  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. City  15. Directors  16. Title  17. Directors  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. Name  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OF		25	29	30		1	•	·		□No
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  86 City  FL  86 Zip Code  87 City Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip Code  85 Zip Code  86 City  FL  86 Zip Code  87 Significant for the purpose of changing its registered appearance of registered appearance of directors. I hereby accept the application and submit states are registered appearance of directors. I hereby accept the application are registered appearance of mightiness appearance of purpose of changing its registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application are registered appearance of directors. I hereby accept the application. I hereby accept the application appearance of directors. I hereby accept the application appearance of directors. I hereby accept the application. I hereby accept the application. I hereby accept the application. I hereby accept the application application and their application. I hereby accept the applica	1			<u> </u>			10. Name and Address of N	ew Registere	d Agent	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324   83   84   City   FL   85   Zip Code				81	Name		<del></del>			
PLANTATION FL 33324  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agreement and the provisions of sections 607 0502 and 607.1508, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agreement and the purpose of changing its registered agreement agreemen				-	<u> </u>		(0.0 D. N N A			
### City	1200	SOUTH PINE ISLAND ROAD		82	Street	Address	(P.O. Box Number is Not Acc	ceptable)		
### 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 agent. I am familiar with, and account the obligations of, Section 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered spent. I am familiar with, and account the obligations of, Section 607 1508. Florida Statutes.  ### Signature, typed or printed name of registered agent and tile 4 applicable. (NOTE: Registered Statutes.)  ### Signature, typed or printed name of registered agent and tile 4 applicable. (NOTE: Registered Agent segnature required when reinstating)  ### DISTRIPT ADDRESS OFFICERS AND DIRECTORS IN 12  ### TITLE  ### CEOD	PLAN	NTATION FL 33324		83	_		<del></del>		414	
TIL. 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. TITLE  16. TITLE  17. TITLE  18. TITLE  19. DELETE  21. TITLE  22. TITLE  23. TITLE  34. TI		•								
11. Pursuant to the provisions of Sections 607 (502) and 607 (508). 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, 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 and infer agent and site if applicable.    12		医牙髓性炎病 人名英格兰		84	City			E	85 Zip	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Section 607.0505, Florida Statutes.  SIGNATURE    12		The second second second					diab.mito this statement for	_	_ , , _	e registered
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12	office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by	the corp	corpora oration's	s board of directors. I hereby a	ccept the app	ointment as r	egistered
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NAME   DORMER, M J   12 NAME   13 STREET ADDRESS   CITY-ST-ZIP   WARSAW IN   14 CITY-ST-ZIP   TITLE   D   MCCAFFREY, MICHAEL   22 NAME   700 ORTHOPAEDIC DR   23 STREET ADDRESS   TITLE   D   MARSAW IN   46581   Mark T. Piazza   700 ORTHOPAEDIC DR   33 STREET ADDRESS   700 ORTHOPAEDIC DR   33 STREET ADDRESS   700 ORTHOPAEDIC DR   34 CITY-ST-ZIP   WARSAW IN   35 STREET ADDRESS   MARSAW IN   35 STREET ADDRESS   MARSAW IN   36 STREET ADDRESS   MARSAW IN   36 STREET ADDRESS   MARSAW IN   M	office or n agent. I as	registered agent, or both, in the State in familiar with, and accept the obligation of the obligation	of Florida. Such change was au ations of, Section 607.0505, Flor int and title if applicable. (NOTE:	uthorized by ida Statutes	the corp	oration's	s board of directors. I hereby a	DATE	ointment as r	egistered
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

WARSAW IN 46581

GNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 12 /944 219/267-8143
Date / Date / Daylime Phone #

-CR0E024 /11/08/