Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION Intuitive Surgical, Inc.

Certificate of Status	0
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Page Count	05
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3/9/2011

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 11/09/1995 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6. 2/13/2002 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1266 Kifer Road #101, Sunnyvale, CA 94086 (Principal office address)	me unavailable in Florida, enter afternate corporate name adopted for the purpose of transacting business in Florida) ware 3. 77-0416458 (FEI number, if applicable) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Cifer Read #101, Sunnyvale, CA 94086 (Principal office address) (Current mailing address) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) e and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System	1. INTUITIVE SL		ED # HCOMBANY P HOODDOD ATTOM #	
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(City) (Zip code)	(City) (Zip code)	10. Registered a	gent's acceptance:	ervice of argress for the above stated corporation at the	place
(City) (Zip code) 10. Registered agent's acceptance:	ristered agent's acceptance:	designated in this	application, I hereby accept the appoi	intment as registered agent and agree to act in this capu	city. I
(City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa	istered agent's acceptance: been named as registered agent and to accept service of process for the above stated corporation at the place ted in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I	further agree to c	comply with the provisions of all statute	es relative to the proper and complete performance of m	y duties
(City) (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of m	istered agent's acceptance: been named as registered agent and to accept service of process for the above stated corporation at the place ted in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,	and I am familia	r with and occept the obligations of my	position as registered agent.	
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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(Registered agent's signature)

FILED. SEGRETARY OF STATE DIVISION OF CORPORATIONS

Committee to the state

12. Names and business addresses of officers and/or directors:

2011 MAR -9 PM 1: 16 A. DIRECTORS Chairman: Lonnie M. Smith Address: 1266 Kifer Road #101 Sunnyvale, CA 94086 Vice Chairman: Address: Director: Address: Director: Address: ___ B. OFFICERS SEE ATTACHMENT President: Gary S. Guthart Address: 1266 Kifer Road #101 Sunnyvale, CA 94086 Vice President: ___ Address: ___ Secretary: Alan C. Mondelson Address: 140 Scott Drive, Menlo Park, CA 94025 Treasurer: ____ Address: _____ NOTE: If necessary, you may article an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Mark Meltzer, Vice President (Typed or printed name and capacity of person signing application)

Attachment to Florida Officers & Directors

1 Full Name: Marshall L. Mohr

Officer/Director: Officer

Officer's Title: Sr. VP & CFO

Director's Title:

Business Address: 1266 Kifer Road #101

City: Sunnyvale

State: CA

ZIP Code: 94086

2 Full Name: Jerome J. McNamara

Officer/Director: Officer

Officer's Title: Executive VP

Director's Title:

Business Address: 1266 Kifer Road #101

City: Sunnyvale
State: CA

ZIP Code: 94086

3 Full Name: Mark J. Meltzer

Officer/Director: Officer

Officer's Title: Sr. VP & General Counsel

Director's Title:

Business Address: 1266 Kifer Road #101

City: Sunnyvale

State: CA

ZIP Code: 94086

SEGRETARY OF STATE OIVISION OF COMPORATOR

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTUITIVE SURGICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2560542 8300

110270879

You may verify this certificate online at cosp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8606060

DATE: 03-07-11