

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001052

Entity Name: INTUITIVE SURGICAL, INC.

FILED
Apr 16, 2012
Secretary of State

Current Principal Place of Business:

1266 KIFER ROAD #101
SUNNYVALE, CA 94086

New Principal Place of Business:

1266 KIFER ROAD
SUNNYVALE, CA 94086 US

Current Mailing Address:

1266 KIFER ROAD #101
SUNNYVALE, CA 94086

New Mailing Address:

1266 KIFER ROAD
SUNNYVALE, CA 94086 US

FEI Number: 77-0416458

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 ROAD
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

OFFICERS AND DIRECTORS:

Title: D
Name: RUBASH, MARK J
Address: 1266 KIFER ROAD
City-St-Zip: SUNNYVALE, CA 94086 US

Title: DCEO
Name: GUTHART, GARY S PH.D
Address: 1266 KIFER ROAD
City-St-Zip: SUNNYVALE, CA 94086 US

Title: PRES
Name: GUTHART, GARY S PH.D
Address: 1266 KIFER ROAD
City-St-Zip: SUNNYVALE, CA 94086 US

Title: S
Name: MENDELSON, ALAN
Address: 1266 KIFER ROAD
City-St-Zip: SUNNYVALE, CA 94086 US

Title: CFO
Name: MOHR, MARSHALL
Address: 1266 KIFER ROAD
City-St-Zip: SUNNYVALE, CA 94086 US

Title: EXVP
Name: MCNAMARA, JERRY
Address: 1266 KIFER ROAD
City-St-Zip: SUNNYVALE, CA 94086 US

I hereby 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 all other like empowered.

SIGNATURE: DARETH JEFFERS

POA

04/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date