2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000307

1. Entity Name
EDWARDS LIFESCIENCES LLC

FILED
01 MAY -3 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0031362 AF

Principal Place of Business	Mailing Address
ONE EDWARDS WAY ~~17221 RED HILL AVENUE~~ IRVINE CA 92614	17221 ~~RED HILL AVENUE~~ ~~IRVINE CA 92614~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ONE EDWARDS WAY	P.O. Box: 11150
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: IRVINE CA	City & State: SANTA ANA, CA
Zip: 92614 Country	Zip: 92711-1150 Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

300004323613--9
-05/25/01--01065--025
*****50.00 *****50.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition (SEE ATTACHED STATEMENT)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jay P. Wertheim 4/30/01 (949) 250-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Directors, Officers Report

Edwards Lifesciences LLC

Fed. I.D. No. 36-4345053

DIRECTORS

John H. Kehl, Jr. SSN:	**Director**
Michael A. Mussallem SSN:	**Director**
Jay P. Wertheim SSN:	**Director**

OFFICERS

Michael A. Mussallem SSN:	**President**
Anita B. Bessler SSN:	**Corporate Vice President, Cardiac Surgery**
Stuart L. Foster SSN:	**Corporate Vice President, Global Operations**
Richard L. Miller SSN:	**Corporate Vice President, Critical Care**
Huimin Wang, M.D. SSN:	**Corporate Vice President, Japan**
Randel W. Woodgrift SSN:	**Corporate Vice President, Manufacturing Operations**
Bruce P. Garren SSN:	**Corporate Vice President, General Counsel and Secretary**
Bruce J. Bentcover SSN:	**Corporate Vice President , Chief Financial Officer and Treasurer**
Jay P. Wertheim SSN:	**Assistant Secretary**
Daniel M. Gallagher SSN:	**Assistant Treasurer**

All Officers and Directors can be reached at: **Edwards Lifesciences, One Edwards Way, Irvine, CA 92614**