2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# M00000000307

Entity Name: EDWARDS LIFESCIENCES LLC

Current Principal Place of Business:

ONE EDWARDS WAY
IRVINE, CA 92614

New Principal Place of Business:

Current Mailing Address:

PO BOX 11150 (MC 6)
SANTA ANA, CA 927111150

New Mailing Address:

ONE EDWARDS WAY
IRVINE, CA 92614

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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

MANAGING MEMBERS/MANAGERS:

Title:	PD	( ) Delete
Name:	MUSSALLEM, MICHAEL A	
Address:	ONE EDWARDS WAY	
City-St-Zip:	IRVINE, CA 92614	
Title:	CVP	(X) Delete
Name:	BESSLER, ANITA B.	
Address:	ONE EDWARDS WAY	
City-St-Zip:	IRVINE, CA 92614	
Title:	CVP	(X) Delete
Name:	GARREN, BRUCE P	
Address:	ONE EDWARDS WAY	
City-St-Zip:	IRVINE, CA 92614	
Title:	CVP	(X) Delete
Name:	FOSTER, STUART L	
Address:	ONE EDWARDS WAY	
City-St-Zip:	IRVINE, CA 92614	
Title:	CFOV	(X) Delete
Name:	LYLE, CORINNE H	
Address:	ONE EDWARDS WAY	
City-St-Zip:	IRVINE, CA 92614	
Title:	CFOV	(X) Delete
Name:	ABATE, THOMAS M	
Address:	ONE EDWARDS WAY	
City-St-Zip:	IRVINE, CA 92614	

ADDITIONS/CHANGES:

Title:	SM	(X) Change ( ) Addition
Name:	EDWARDS LIFESCIENCES, (U.S.) INC.	
Address:	ONE EDWARDS WAY	
City-St-Zip:	IRVINE, CA 92614	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 is true and accurate and that my electronic 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: AMANDA MCDONALD POA 04/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date