H07000018882

1/2

JAN-22-2007 13:52 P.02

FILED

07 JAN 22 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000006037

1. Entity Name
SMITHS MEDICAL ASD, INC.

Principal Place of Business	Mailing Address
10 BOWMAN DRIVE KEENE, NH 03431	10 BOWMAN DRIVE KEENE, NH 03431

REINSTATEMENT 0607

04162007 REIN-P

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 160 Weymouth Street	Suite, Apt. #, etc. 160 Weymouth Street
City & State Rockland, MA	City & State Rockland, MA
Zip 02370 Country USA	Zip 02370 Country USA

4. FEI Number
95-3974847
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michele Miller Assistant Secretary 1/22/07
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $600.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUTCHISON, CHRIS 10 BOWMAN DR KEENE, NH 03431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + Director Stuart Morris - Hipkins 160 Weymouth Street Rockland, MA 02370	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EAGLE, RICHARD J 10 BOWMAN DR. KEENE, NH 03431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Adam S. Jones 1265 Grey Fox Road St. Paul, MN 55112	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KINET, LAWRENCE N.H. 765 FINCHLEY ROAD LONDON NW11 8DS, UK,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Walter E. Orme 101 Lindenwood Drive Malvern, PA	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOXEN, EDWARD J 10 BOWMAN DRIVE KEENE, NH 03431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Srini Seshadri 765 Finchley Road London, England NW11 8DS	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WESTRA, THOMAS 10 BOWMAN DRIVE KEENE, NH 03431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Graham Hardcastle 765 Finchley Road London, England NW11 8DS	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-18-07 651.628.7057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H07000018882

TOTAL P.02

01/22/2007 15:34 8508785926 CT CORPORATION SYSTM PAGE 02/02

K. Eckel JAN 23 2007

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000018882 3)))

H07000018882 3ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

SMITHS MEDICAL ASD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Menu Help