2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# F01000006037

Entity Name: SMITHS MEDICAL ASD, INC.

Current Principal Place of Business:

160 WEYMOUTH STREET
ROCKLAND, MA 02370

New Principal Place of Business:

Current Mailing Address:

160 WEYMOUTH STREET
ROCKLAND, MA 02370

New Mailing Address:

FEI Number: 95-3974847 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	MORRIS-HOPKINS, STUART	
Address:	160 WEYMOUTH STREET	
City-St-Zip:	ROCKLAND, MA 02370	
Title:	S	( ) Delete
Name:	JONES, ADAM S	
Address:	1265 GREY FOX ROAD	
City-St-Zip:	ST. PAUL, NH 55112	
Title:	T	( ) Delete
Name:	ORME, WALTER E	
Address:	101 LINDENWOOD DRIVE	
City-St-Zip:	MALVERN, PA	
Title:	D	( ) Delete
Name:	SESHADRI, SRINI	
Address:	765 FINCHLEY ROAD	
City-St-Zip:	LONDON, ENGLAND NW11 8DS,	
Title:	D	( ) Delete
Name:	HARDCASTLE, GRAHAM	
Address:	765 FINCHLEY ROAD	
City-St-Zip:	LONDON, ENGLAND NW11 8DS,	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	D	(X) Change ( ) Addition
Name:	WHITE, ROBERT	
Address:	160 WEYMOUTH STREET	
City-St-Zip:	ROCKLAND, MN 02370	

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 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 an address, with all other like empowered.

SIGNATURE: ADAM S. JONES S 02/21/2008

Electronic Signature of Signing Officer or Director — Date