

**F 9600000 5402**

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

XOMED SURGICAL PRODUCTS, INC.  
6743 SOUTHPOINT DRIVE NORTH  
JACKSONVILLE, FL 32216

SUBJECT: XOMED SURGICAL PRODUCTS, INC.  
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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MEDTRONIC XOMED SURGICAL PRODUCTS, INC.", FILED A CERTIFICATE OF OWNERSHIP, CHANGING ITS NAME TO "MEDTRONIC XOMED, INC.", THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2000, AT 1:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 7038230

DATE: 12-19-08