

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 820400

**FILED**  
**Feb 13, 2015**  
**Secretary of State**  
**CC9975508621**

**Entity Name:** BAXTER HEALTHCARE CORPORATION

**Current Principal Place of Business:**

ONE BAXTER PARKWAY  
DEERFIELD, IL 60015

**Current Mailing Address:**

ONE BAXTER PARKWAY  
DEERFIELD, IL 60015

**FEI Number:** 36-2604143

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title PD  
Name PARKINSON, JR, ROBERT L  
Address ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title S  
Name SCHARF, DAVID  
Address ONE BAXTER PKWY  
City-State-Zip: DEERFIELD IL 60015

Title CFOD  
Name HOMBACH, ROBERT J  
Address ONE BAXTER PARKWAY  
City-State-Zip: DEERFIELD IL 60015

Title D  
Name SCHARF, DAVID  
Address ONE BAXTER PKWY  
City-State-Zip: DEERFIELD IL 60015

Title T  
Name YOUNG, TODD S  
Address ONE BAXTER PKWY  
City-State-Zip: DEERFIELD IL 60015

Title AT  
Name RICHTER, NORMAN  
Address ONE BAXTER PKWY  
City-State-Zip: DEERFIELD IL 60015

*I hereby 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 all other like empowered.*

**SIGNATURE:** NORMAN RICHTER

**ASST. TREASURER**

**02/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date