

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001052

**Entity Name:** INTUITIVE SURGICAL, INC.

**Current Principal Place of Business:**

1020 KIFER ROAD  
SUNNYVALE, CA 94086

**Current Mailing Address:**

1020 KIFER ROAD  
ATTN TAX DEPT  
SUNNYVALE, CA 94086 US

**FEI Number:** 77-0416458

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH 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:** GARY GUTHART

01/31/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            GUTHART, GARY S.  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

Title            CFO  
Name            MOHR, MARSHALL  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

Title            DIRECTOR  
Name            BARRATT, CRAIG  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

Title            DIRECTOR  
Name            SMITH, LONNIE  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

Title            DIRECTOR  
Name            LEVY, ALAN J.  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

Title            SR. VP & GENERAL COUNSEL  
Name            REITER, KARA  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

Title            E. VP  
Name            ROSA, DAVID J.  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

Title            E. VP  
Name            BROGNA, SALVATORE J.  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086

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*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:** MARSHALL L. MOHR

CFO

01/31/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            S. VP  
Name            CURET, MYRIAM J.  
Address        1020 KIFER ROAD  
City-State-Zip: SUNNYVALE CA 94086