2017 FOREIGN PROFIT CORPORATION REINSTATEMENT

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: Yes

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 02/01/2017

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title CFO

NameGUTHART, GARY S.NameMOHR, MARSHALLAddress1020 KIFER ROADAddress1020 KIFER ROAD

City-State-Zip: SUNNYVALE CA 94086 City-State-Zip: SUNNYVALE CA 94086

Title SECRETARY Title DIRECTOR

NameMENDELSON, ALANNameBARRETT, CRAIGAddress1020 KIFER ROADAddress1020 KIFER ROAD

City-State-Zip: SUNNYVALE CA 94086 City-State-Zip: SUNNYVALE CA 94086

Title DIRECTOR Title DIRECTOR

NameSMITH, LONNIENameHALVORSON, ERIC H.Address1020 KIFER ROADAddress1020 KIFER ROAD

City-State-Zip: SUNNYVALE CA 94086 City-State-Zip: SUNNYVALE CA 94086

Title DIRECTOR Title SR. VP & GENERAL COUNSEL

Name LEVY, ALAN J. Name MELTZER, MARK
Address 1020 KIFER ROAD Address 1020 KIFER ROAD

City-State-Zip: SUNNYVALE CA 94086 City-State-Zip: SUNNYVALE CA 94086

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: GARY S. GUTHART CEO 02/01/2017

FILED Feb 01, 2017

Secretary of State

CR2480647403

Date