

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005402

Entity Name: MEDTRONIC XOMED, INC.

Current Principal Place of Business:

6743 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216

Current Mailing Address:

6743 SOUTHPOINT DRIVE NORTH
JACKSONVILLE, FL 32216

FEI Number: 06-1393528

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name ELLIS, GARY L
Address 6743 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title P
Name FLETCHER, MARK J
Address 6743 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title V
Name PAUL, JACOB M
Address 6743 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title VP
Name HOEKSTRA, DOUG A
Address 6743 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title VP, AND TREASURER
Name HARTY, LINDA S
Address 6743 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title VP
Name ALBERT, PHILIP J
Address 6743 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

Title VP, AND ASSISTANT SECRETARY
Name SKEFFINGTON, KEYNA P
Address 6743 SOUTHPOINT DRIVE NORTH
City-State-Zip: JACKSONVILLE FL 32216

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: MARK J. FLETCHER

PRESIDENT

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date