2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2011
Secretary of State

DOCUMENT# 820400

Entity Name: BAXTER HEALTHCARE CORPORATION

Current Principal Place of Business:

ONE BAXTER PARKWAY
P. O. BOX 703
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

ONE BAXTER PARKWAY
P. O. BOX 703
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 36-2604143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: S
Name: SHINN, STEPHANIE A
Address: ONE BAXTER PKWY
City-St-Zip: DEERFIELD, IL 60015

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

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

Title: VP
Name: DAVIS, ROBERT
Address: ONE BAXTER PKWY
City-St-Zip: DEERFIELD, IL 60015

Title: AT
Name: RICHTER, NORMAN
Address: ONE BAXTER PKWY
City-St-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 B. RICHTER AT 03/23/2011

Electronic Signature of Signing Officer or Director — Date