

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820400

FILED
Feb 08, 2012
Secretary of State

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:

ONE BAXTER PARKWAY
DEERFIELD, IL 60015

Current Mailing Address:

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

New Mailing Address:

ONE BAXTER PARKWAY
DEERFIELD, IL 60015

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: T
Name: SACCARO, JAMES K
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

02/08/2012

Electronic Signature of Signing Officer or Director

Date