# 2838

## Florida Department of State

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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

Phone Fax Number : (850)521-1000

: (850)558-1575

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

HUDSON RESPIRATORY CARE INC.

Certificate of Status	0
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Corporate Filing Menu

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## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

	842838					
	(Document numb	er of corporation (if know	vn)			
Hudson Respiratory Care In	<b>3.</b>					
	(Name of corporation as it appear	rs on the records of the D	epartment of State)			
California		3 March 20,	1979			
(Incorp	orated under laws of)	(Date a	uthorized to do busin	ess in Florida	<u> 100</u>	
	SI	ECTION II		CRETAR _AHASS	FEB 16	
		Y THE APPLICABLE C	eanges)	Ϋ́E,	ייט	h
4 TS4b	ges the name of the corpora	tion when wer the ch	anna affected und	لىر. ئەر.	PH f	-
	=	uon, when was me ch	wise encoted and			_
its jurisdiction of incor	poration? December 15, 2006		_	ਤੁਜੋਂ	35	
Teleflex Medical Incorporat	eď	•	•	;.»		
(Name of corporation a	ifter the amendment, adding	suffix "corporation,"	"company," or "i	ncorporate	d," or	
appropriate abbreviati	on, if not contained in new	name of the corporati	on)			
n/a		•				
(If new name is unavail business in Florida)	able in Florida, enter alterna	ate corporate name ad	opted for the purp	ose of tran	sacting	\$
6. If the amendment chan	ges the period of duration, i	ndicate new period of	duration.			
U. AI CHO CHILLOTTI VILLE	846 F	<b>F</b>				
	n/a			į		
	4)	lew duration)				
7. If the amendment chan	ges the jurisdiction of incorp	poration, indicate nev	v jurisdiction.			
	n/a					
	(N	ew jurisdiction)				
	75		•			
	(-) and	Via de la lacada				
(Signature of a dire of a receiver or oth	ctor president of other officer - li er court appointed fiduciary, by the	ni ute nanda hat fiduciary)				
C. Jeffrey Jacobs			Vice President			
	ped or printed name of person sig	ning)	(Title of par	son signing)		

### **MANAGERS**

Name	Address		
William Karst	1420 Fifth Avenue, Suite 2400 Seattle, WA 98101-2343		
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John Bierly	1420 Fifth Avenue, Suite 2400 Seattle, WA 98101-2343		

## State of California Secretary of State

#### CERTIFICATE OF FILING

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 15th day of December, 2006, there was filed in this office an amendment changing the corporation name from HUDSON RESPIRATORY CARE INC., a California corporation, to TELEFLEX MEDICAL INCORPORATED

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 25, 2007.



DEBRA BOWEN
Secretary of State

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NP-25 (REV 01/2007)