2001 UNIFORM BUSINESS REPORT (UBR)

000754 AF

DOCUMENT # B98000000605

1. Entity Name

TYCO HEALTHCARE GROUP LP

FILED
01 APR 30 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15 HAMPSHIRE STREET MANSFIELD MA 02048	ONE TOWN CENTER ROAD BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Mailing Address: Tax Department, 8th Floor PO Box 3038
City & State	Boca Raton, FL 33431-0938
Zip / Country	Zip

4. FEI Number 02-0502162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ (NOT Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$0.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000005577	STREET ADDRESS	
NAME	SWD HOLDING, INC. I	CITY-ST-ZIP	
STREET ADDRESS	15 HAMPSHIRE STREET		
CITY-ST-ZIP	MANSFIELD MA 02048		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: by: SWD Holding, Inc. I, a Delaware Corp. by: _____ 4/24/01 (561) 988-7800
its General Partner. PRINTED NAME OF SIGNING GENERAL PARTNER Scott Stevenson VP/Asst. Treasurer Date Daytime Phone #