2008 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B9800000605

Entity Name: TYCO HEALTHCARE GROUP LP

FILED Apr 16, 2008 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | f Business: | |
|--|---------------------------------|--|---|--|
| 15 HAMPSHIRE STREET MANSFIELD, MA 02048 | | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| P O BOX 8749 PRINCETON, NJ 085438749 | | 15 HAMPSHIRE STREET MANSFIELD, MA 02048 | | |
| FEI Number: 02-0502162 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| C T CORPORATION SYS 1200 SOUTH PINE ISLAN PLANTATION, FL 33324 | | | | |
| The above named entity su in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both | |
| SIGNATURE: | | | | |
| Electronic | c Signature of Registered Age | ent | Date | |
| GENERAL PARTNER INFORMATION: | | ADDRESS CHANGES ONLY | | |
| Document #: F98000005577 | INO I | | | |

Name: SWD HOLDING, INC. I

Address: City-St-Zip: PORTSMOUTH, NH 03801

15 HAMPSHIRE STREET 273 CORPORATE DRIVE, SUITE 100 Address: City-St-Zip: MANSFIELD, MA 02048

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN W. KAPPLES 04/16/2008