

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001216 AT

DOCUMENT # B98000000605

1. Entity Name
TYCO HEALTHCARE GROUP LP



FILED

03 SEP 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
15 HAMPSHIRE STREET
MANSFIELD MA 02048

Mailing Address
TAX DEPARTMENT, 8TH FLOOR
P.O. BOX 3038
BOCA RATON FL 33431-0938



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 02-0502162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY SEPTEMBER 24, 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME SWD HOLDING, INC. I
STREET ADDRESS 15 HAMPSHIRE STREET
CITY-ST-ZIP MANSFIELD MA 02048

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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: SIGNATURE REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PA

J. William McArthur, Jr.
VP/Asst. Treas.

9/11/03

Date Daytime Phone #

CR2E003 (4/03)