


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000768</b> 1. Entity Name <b>EDWARDS LIFESCIENCES (U.S.) INC.</b>	
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Principal Place of Business <b>ONE EDWARDS WAY IRVINE, CA 92614</b>	Mailing Address <b>P.O. BOX 11150 (MC6) SANTA ANA, CA 92711</b>
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01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-4340422</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSSALLEM, MICHAEL A ONE EDWARDS WAY IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP GARREN, BRUCE P ONE EDWARDS WAY IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TARLE, EDWARD A ONE EDWARDS WAY IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GALLAGHER, DANIEL M ONE EDWARDS WAY IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT ABATE, THOMAS M ONE EDWARDS WAY IRVINE, CA 92614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST

<p>U00000663600 03/22/07-80010-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward A. Tarle 03/01/2007 (949) 250-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
EDWARD A. TARLE, VP, TAX