2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005717

Entity Name: GENERAL SURGICAL INNOVATIONS, INC.

FILED Apr 20, 2011 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

15 HAMPSHIRE STREET MANSFIELD, MA 02048

Current Mailing Address: New Mailing Address:

15 HAMPSHIRE STREET MANSFIELD, MA 02048

FEI Number: 94-3160456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: MEELIA, RICHARD J PRES Address: 15 HAMPSHIRE STREET City-St-Zip: MANSFIELD, MA 02048

Title: VPSD

Name: KAPPLES, JOHN W VPSECD Address: 15 HAMPSHIRE STREET City-St-Zip: MANSFIELD, MA 02048

Title: VPTD

Name: DASILVA, KEVIN G VPTREAD Address: 15 HAMPSHIRE STREET City-St-Zip: MANSFIELD, MA 02048

Title: VPD

Name: NICOLELLA, MATTHEW J VPDIR

Address: 15 HAMPSHIRE STREET City-St-Zip: MANSFIELD, MA 02048

Title: VPAS

Name: FARBER, MARK VPASEC
Address: 15 HAMPSHIRE STREET
City-St-Zip: MANSFIELD, MA 02048

Title: VP

Name: BROWN, RICHARD G VP Address: 15 HAMPSHIRE STREET City-St-Zip: MANSFIELD, MA 02048

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN W KAPPLES SEC 04/20/2011