


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000001638 1. Entity Name TERUMO LATIN AMERICA CORPORATION	
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Principal Place of Business 8750 NW 36TH ST 600 MIAMI, FL 33178	Mailing Address 8750 NW 36TH ST 600 MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0612890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMPEI, HIROYUKI 8750 NW 36TH ST 600 MIAMI, FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST UENO, HIROSHI 8750 NW 36TH ST 600 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAIDA, TSUNEO 44-1, 2-CHOME HATAGAYA, TOKYO, JAPAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NINOMIYA, SHOGO 2101 COTTONTAIL LANE SOMERSET, NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

UD00000325664
04/23/05-80024-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-21-05 305-477-4822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #