Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000180553)))



H110000180553ABCV

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address	:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN ATS MEDICAL, INC.

Certificate of Status Certified Copy Page Count 04 Estimated Charge \$35.00

1/21/2011

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ATS Medical, Inc.	of Corporation
DOCUMENT NUMBER:	
The enclosed Amendment and fee are subm	itted for filing.
Please return all correspondence concerning	this matter to the following:
Anne M. Ziebell	
Name of Contact Person	
Medironic, Inc.	
Firm/Company	
710 Medtronic Parkway LC300 Address	
,	
Minneapolis, MN 55432 City/State and Zip Code	
anne.m.ziebell@medtronic.com E-mail address: (to be used for future annu	nal report notification)
For further information concerning this mat	ter, please call:
Tessa Haley Name of Contact Person	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
X \$35.00 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 allanassec, FL 32314	Tallahassee, FL 32301

FL821 - 05/07/2009 C'T Filing Manager Online

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F06000	0000493						
	(Document number	ar of corporation	on (if known)					
`			*					
1.		ATS Medical, Inc. (Name of corporation as it appears on the records of the Department of State)						
	(value of corporation as it appears	a on me lecold	s of the Department of State)					
2.	. Minnesota	3.	01/26/2006					
	(Incorporated under laws of)		(Date authorized to do business	in Florida)				
	SEC (4-7 COMPLETE ONLY	CTION II	CARLE CHANCES)					
	(T) COM MALE ONLY	THEATTE	ADEE CITATOLO					
4,	If the amendment changes the name of the corporati	on, when w	as the change effected under t	he laws of				
	its jurisdiction of incorporation?							
	Medtronic ATS Medical, Inc.							
	(Name of corporation after the amendment, adding a appropriate abbreviation, if not contained in new name of the corporation after the amendment, adding a property of the contained in new name of the corporation after the amendment, adding a property of the corporation after the amendment, adding a property of the corporation after the amendment, adding a property of the corporation after the amendment, adding a property of the corporation after the amendment, adding a property of the corporation after the amendment, adding a property of the contained in new name of the corporation after	suffix "corpo ame of the o	oration," "company," or "inco corporation)	porated," or				
((If new name is unavailable in Florida, enter alternati business in Florida)	e corporate	name adopted for the purpose	of transacting	 -			
5	If the amendment changes the period of duration, inc	dicate new p	eriod of duration.	ı				
	(No	w duration)						
7. !	If the amendment changes the jurisdiction of incorpo	oration, indi	cate new jurisdiction.		=			
	(New	jurisdiction)			JAN			
3. á	Attached is a certificate or document of similar impo 90 days prior to delivery of the application to the De having custody of corporate records in the jurisdiction	ort, evidenci partment of on under the	ng the amendment, authentics State, by the Secretary of Sta laws of which it is incorpora	ited not more the or other officed.	nahi cial			
_	-lhlo / WW		_		PH :			
	(Signature of a director, president or other officer - if in of a receiver or other court appointed fiduciary, by that	the hands fiduciary)			∾ 8			
_	Philip J. Albert		Vice President	₩ ¥				
	(Typed or printed name of person signing)		(Title of person signing)					

state of Minnesota

SECRETARY OF STATE

Certificate of Merger

I, Mark Ritchie, Secretary of State of Minnesota, certify that: the documents required to effectuate a merger between the entities listed below and designating the surviving entity have been filed in this office on the date noted on this certificate.

Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A

State of Formation and Names of Merging Entities:

MN: ATS MEDICAL, INC.

MN: PILGRAM MERGER CORPORATION

State of Formation and Name of Surviving Entity:

MN: ATS MEDICAL, INC.

Effective Date of Merger: 08/12/2010

Name of Surviving Entity After Effective Date of Merger:

MEDTRONIC ATS MEDICAL, INC.

This certificate has been issued on: January 19, 2011.



Mark Richie Secretary of State.