

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007679

FILED
Apr 04, 2012
Secretary of State

Entity Name: ARTHROCARE MEDICAL CORPORATION

Current Principal Place of Business:

7500 RIALTO BLVD., BLDG. TWO, STE 100
AUSTIN, TX 78735 US

New Principal Place of Business:

7000 WEST WILLIAM CANNON DRIVE, BLDG.1
AUSTIN, TX 78735 US

Current Mailing Address:

7500 RIALTO BLVD., BLDG. TWO, STE 100
AUSTIN, TX 78735 US

New Mailing Address:

7000 WEST WILLIAM CANNON DRIVE, BLDG.1
AUSTIN, TX 78735 US

FEI Number: 20-4140418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: P
Name: FITZGERALD, DAVID
Address: 7000 WEST WILLIAM CANNON DRIVE, BLDG.1
City-St-Zip: AUSTIN, TX 78735 US

Title: S
Name: REW, RICHARD
Address: 7000 WEST WILLIAM CANNON DRIVE, BLDG.1
City-St-Zip: AUSTIN, TX 78735 US

Title: T
Name: SIMMONS, BRIAN
Address: 7000 WEST WILLIAM CANNON DRIVE, BLDG.1
City-St-Zip: AUSTIN, TX 78735 US

Title: D
Name: SIMMONS, BRIAN
Address: 7000 WEST WILLIAM CANNON DRIVE, BLDG.1
City-St-Zip: AUSTIN, TX 78735 US

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: RICHARD REW

S

04/04/2012

Electronic Signature of Signing Officer or Director

Date