**Division of Corporations** 



## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

: {850}222-1092

Phone : (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:

## REGISTERED AGENT CHANGE GIVEN IMAGING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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## **COVER LETTER**

TO:	Amendment Division of	t Section Corporations				
SUBJ	GIVEN	IMAGING, INC.	<u> </u>			
		Name of Co	rporation			
DOC	UMENT NU	F07000006204 VIBER:				
The e	nclosed Staten	nent of Change of Registered Office	Agent and fee are submitted for filing.			
		respondence concerning this matter	•			
		Cheryi L. Cope	land-Lewis			
	Name of Contact Person					
Covidien						
Firm/Company						
	15 Hampshiro Street					
	_	Addn	998			
	Mansfield, MA 02048					
	City/State and Zip Code					
		Cheryl.Copcland	@covidien.com			
	_	E-mail address: (to be used for fu	ture annual report notification)			
For further information concerning this matter, please call:						
Eva I	K Hackett		at () 531-5825			
	Nan	ne of Contact Person	Area Code & Daytime Telephone Number			
Enclo	os <b>ed is a \$</b> 35.0	0 check made payable to the Depart	ment of State.			
		Mailing Address: Amendment Section Division of Comparisons	Street Address: Amendment Section Division of Comparations			
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
		Tallahassee EI 32314	2661 Evecutive Center Circle			

Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	•
	inge is submitted far a corporation organized under the laws of the State of Delawate or to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: GIVEN IMAGING, INC.	
1. The manie of	15 HAMPSHIRE STREET, MANSFIELD, MA 02048	·····
2. The principal	office address: 15 HAMPSHIRE STREET, MANSFIELD, MA 0204B	
3. The mailing o	address (if different):	
4. Date of incor	poration/qualification: 12/19/2007 Document number: F07000006204	
5. The name and	i street address of the current registered agent and registered office on file with the riment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSBE, FL 32301-2525	4 APR
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	N. 5
	C T Corporation System	SSECTIORIDA 24 ANTI: 21
•	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT acceptable	
	Plantation, Florida 33324	>
The street addr	ess of its registered office and the street address of the business office of its registered be identical.	agent,
	as authorized by resolution duly adopted by its board of directors or by an officer so	
/ X	TOHN W. KAPPLES, SECRE	FARY
Signati	Finish or typed atme and life	<del></del>
I hereby accept I further agree performance of agent. Or, if the	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registers is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change:	pd .
	that the corporation has been notified in writing of this change:	
	Date Date	•
If signing on be	shalf of an entity:	
Lisa	Shdeel V.P. Speed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSER, FL 32314
CR2E045 (03/12)

\* \* \* FILING PEE: \$35.00 \* \* \*