

Division of Corporations

**F07000006204**

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
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: \_\_\_\_\_

RECEIVED  
14 APR 24 AM 11:41  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

REGISTERED AGENT CHANGE  
GIVEN IMAGING, INC.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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*RA/RO Change*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GIVEN IMAGING, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F07000006204

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl L. Copeland-Lewis

\_\_\_\_\_  
Name of Contact Person

Covidien

\_\_\_\_\_  
Firm/Company

15 Hampshire Street

\_\_\_\_\_  
Address

Mansfield, MA 02048

\_\_\_\_\_  
City/State and Zip Code

Cheryl.Copeland@covidien.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva K Hackett

617 531-5825

\_\_\_\_\_  
Name of Contact Person

at ( )  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GIVEN IMAGING, INC.  
2. The principal office address: 15 HAMPSHIRE STREET, MANSFIELD, MA 02048

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/19/2007 Document number: F0700006204

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

JOHN W. KAPPLER, SECRETARY  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]  
Signature of Registered Agent

4/24/14  
Date

If signing on behalf of an entity:  
Lisa Sheard, V.P.  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2B045 (03/12)