

2014 9:55:49 From: To: #506186380

Division of Corporations

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

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REGISTERED AGENT CHANGE  
NEW WAVE SURGICAL CORP.

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

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### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEW WAVE SURGICAL CORP.  
Name of Corporation

**DOCUMENT NUMBER:** F08000005135

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  
Name of Contact Person at ( 617 ) 531-5825  
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

CR2B041 (01/12)

**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: NEW WAVE SURGICAL CORP.
2. The principal office address: 15 Hampshire Street, Mansfield, MA 02048
3. The mailing address (if different): 15 Hampshire Street, Mansfield, MA 02048
4. Date of incorporation/qualification: 12/03/2008 Document number: P08000005135
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)  
GOMEZ, ALEXANDER  
3700 NW 124TH STREET, SUITE 135  
CORAL SPRINGS, FL 33065
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

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 of an officer or director JOHN W. KAPPAES 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. 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 Salvina Anenta-Gray 4/22/2014  
 Signature of Registered Agent Date

If signing on behalf of an entity:

SALVINA ANENTA-GRAY  
**SPECIAL ASSISTANT SECRETARY**

\_\_\_\_\_  
 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

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