

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
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: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

Medtronic PS Medical, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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2010 MAR -2 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10 MAR -2 PM 1:54

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
3/3

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Medtronic PS Medical, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Williams

Name of Person

Medtronic PS Medical, Inc.

Firm/Company

6743 Southpoint Dr. N.

Address

Jacksonville, FL 32216-0980

City/State and Zip code

john.williams@medtronic.com

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

For further information concerning this matter, please call:

John Williams

Name of Person

at ( 904 )

279-7551

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Medtronic PS Medical, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
  
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California 3. 95-3256432  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 3, 1978 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 121 Cremona Drive, Goleta, CA 93117  
(Principal office address)  
  
(Current mailing address)
8. Manufacture, distribution and sale of medical devices.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
  
Name: CT Corporation System  
  
Office Address: 1200 South Pine Island Road  
  
Plantation, Florida 33324  
(City) (Zip code)
10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.*  
  
CT Corporation System  
By: Jeanne Nelson Jeanne Nelson  
(Registered agent's signature) Assistant Secretary
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Gary L. Ellis

Address: 710 Medtronic Parkway, Minneapolis, MN 55432

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: D. Cameron Findlay

Address: 710 Medtronic Parkway, Minneapolis, MN 55432

Director: Doug A. Hockstra

Address: 710 Medtronic Parkway, Minneapolis, MN 55432

**B. OFFICERS**

President: Robert H. Blankmeyer

Address: 6743 Southpoint Drive North, Jacksonville, Florida 32216

Vice President: Philip J. Albert

Address: 710 Medtronic Parkway, Minneapolis, MN 55432

Secretary: D. Cameron Findlay

Address: 710 Medtronic Parkway, Minneapolis, MN 55432

Treasurer: Doug A. Hockstra

Address: 710 Medtronic Parkway, Minneapolis, MN 55432

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Philip J. Albert, Vice President

(Typed or printed name and capacity of person signing application)

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

MEDTRONIC PS MEDICAL, INC.

**FILE NUMBER:** C0891303  
**FORMATION DATE:** 07/03/1978  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 01, 2010.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State