2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2013
Secretary of State

DOCUMENT# F12000002790

Entity Name: SURGICAL INSTRUMENT SERVICES AND SAVINGS, INC.

Current Principal Place of Business:

2747 S.W. SIXTH AVENUE
REDMOND, OR 97756

New Principal Place of Business:

Current Mailing Address:

2747 S.W. SIXTH AVENUE
REDMOND, OR 97756

New Mailing Address:

ONE MEDLINE PLACE
MUNDELEIN, IL 60060

FEI Number: 93-1229254 **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: MADONNA CUDDIHY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: PIGOTT, JIM
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL 60060

Title: S
Name: LIBERMAN, ALEX
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL 60060

Title: D
Name: ABRAMS, JAMES D
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL 60060

Title: D
Name: MILLS, CHARLES
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL 60060

Title: D
Name: MILLS, ANDREW
Address: ONE MEDLINE PLACE
City-St-Zip: MUNDELEIN, IL 60060

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: JAMES D. ABRAMS D 10/21/2013

Electronic Signature of Signing Officer or Director — Date