

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

06-24-2004 90079 017 \*\*\*150.00



DOCUMENT # F96000005402

1. Entity Name  
 XOMED SURGICAL PRODUCTS, INC.

Principal Place of Business  
 6743 SOUTHPOINT DRIVE NORTH  
 JACKSONVILLE, FL 32216

Mailing Address  
 6743 SOUTHPOINT DRIVE NORTH  
 JACKSONVILLE, FL 32216

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number  
 06-1393528

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC  Delete  
 NAME COLLINS, ARTHUR D  
 STREET ADDRESS 6743 SOUTHPOINT DRIVE NORTH  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE P  Delete  
 NAME BLANKEMEYER, ROBERT B  
 STREET ADDRESS 6743 SOUTHPOINT DRIVE NORTH  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME RUSTAD, DEAN E  
 STREET ADDRESS 6743 SOUTHPOINT DRIVE NORTH  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME FRIAS, JAIMES A  
 STREET ADDRESS 6743 SOUTHPOINT DRIVE NORTH  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME FRIAS, JAIMES A.  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DV  Delete  
 NAME RYAN, ROBERT L  
 STREET ADDRESS 6743 SOUTHPOINT DRIVE NORTH  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DV  Delete  
 NAME SCOTT, DAVID L  
 STREET ADDRESS 6743 SOUTHPOINT DRIVE NORTH  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE  Change  Addition  
 NAME DV LUND, RONALD E.  
 STREET ADDRESS 6743 SOUTHPOINT DRIVE NORTH  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: \_\_\_\_\_

Dean E. Rustad

April 21, 2004

904-279-7525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**Medtronic**  
XOMED

*Attached*

*57058684*

Medtronic Xomed  
6743 Southpoint Dr. N.  
Jacksonville, Florida 32216-0980

tel 904.296.9600

20040622

June 22, 2004

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

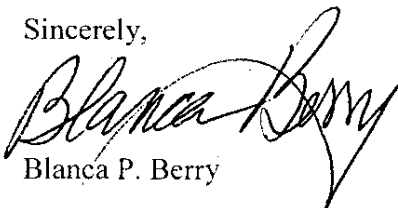
Subject: Medtronic

Reference: **00000321094**

According to our records a completed annual report/uniform business report form was submitted with our check. Enclosed please find a copy of the annual report attached with our check for \$150.

If you have any questions, please call me at 904-279-2617.

Sincerely,



Blanca P. Berry