Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000277141 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Pax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

COR AMND/RESTATE/CORRECT OR O/D RESIGN

XOMED SURGICAL PRODUCTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	08 4
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing-Menu

https://efile.sunbiz.org/scripts/efilcovr.exe



December 22, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

XOMED SURGICAL PRODUCTS, INC. 6743 SOUTHPOINT DRIVE NORTH JACKSONVILLE, FL 32216

SUBJECT: XOMED SURGICAL PRODUCTS, INC.

REF: F96000005402

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II FAX Aud. #: H08000277141 Letter Number: 308A00051192

ente di Secondision <u>izle</u>

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

= ===	CTION I BE COMPLETED)	,
F96000005402		A110
(Document number	r of corporation (if known)	昭月卫
1. Xomed Surgical Products, Inc.		ARY ASSI
(Name of corporation as it appears	on the records of the Department of State)	mg z
2. Delware	3, 10/16/1996	LONG I
(Incorporated under laws of)	(Date authorized to do busin	ness in Florida)
	CTION II THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corporation	on, when was the change effected und	der the laws of
its jurisdiction of incorporation? 11/5/1999		
5. Medironic Xomed Surgical Products, Inc.		
(Name of corporation after the amendment, adding sappropriate abbreviation, if not contained in new name is unavailable in Florida, enter alternate business in Florida)	ame of the corporation)	
6. If the amendment changes the period of duration, inc	dicate new period of duration.	
(Nc	w diretion)	
7. If the amendment changes the jurisdiction of incorpo	oration, indicate new jurisdiction.	
(Nev	v jurisdiction)	
8. Attached is a contificate or document of similar imposed by days prior to delivery of the application to the De having custody of corporate records in the jurisdiction in the jurisdiction of the property	- Name of the same	nticated not more than f State or other official porated.
Keyna P Skeffington	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person sign	ing)

FL011 - 4/11/07 C T System Onlist

Delaware

DAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY THAT THE SAID "XOMED SURGICAL PRODUCTS, INC.", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "MEDTRONIC XOMED SURGICAL PRODUCTS, INC.", THE FIFTH DAY OF NOVEMBER, A.D. 1999, AT 12:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCEISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2391243 8320

081213995

You may verify this certificate onling at corp. delewers, way forthwar, which

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 7038229

DATE: 12-19-08