2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002526

Entity Name: TYCO HEALTHCARE RETAIL GROUP, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 273 CORPORATE DRIVE, SUITE 100 601 ALLENDALE ROAD PORTSMOUTH, NH 03801 PO BOX 61930 KING OF PRUSSIA, PA 19406 **Current Mailing Address:** New Mailing Address: PO BOX 3038 PO BOX 8749 PRINCETON, NJ 08543 BOCA RATON, FL 334310938 US US FEI Number: 02-0498420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FLANIGAN, TIMOTHY E MEELIA, RICHARD J Name: Name: 9 WEST 57TH ST, 43RD FL 601 ALLENDALE ROAD Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: KING OF PRUSSIA, PA 19406 Title: Title: () Delete (X) Change () Addition MEELIA, RICHARD J MASTERSON, JOHN H Name: Name: 15 HAMPSHIRE ST. 601 ALLENDALE ROAD Address: Address: MANSFIELD, MA 02048 KING OF PRUSSIA, PA 19406 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: DOCKENDORFF, CHARLES J HUND-MEJEAN, MARTINA Name: Name: 15 HAMPSHIRE ST 601 ALL ENDALE ROAD Address: Address: City-St-Zip: MANSFIELD, MA 02048 City-St-Zip: KING OF PRUSSIA, PA 19406 Title: (X) Delete Title: () Change () Addition HUND-MEJEAN, MARTINA 1 Name: Name: Address: 9 WEST 57TH ST, 43RD FL Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: (X) Delete Title: () Change () Addition MASTERSON, JOHN Name: Name: 15 HAMPSHIRE ST. Address: Address: City-St-Zip: MANSFIELD, MA 02048 City-St-Zip: Title: **VPAT** (X) Delete Title: () Change () Addition STEVENSON, SCOTT Name: Name: ONE TOWN CENTER RD Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD J. MEELIA P 04/15/2004