2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002526

Address:

City-St-Zip:

Entity Name: TYCO HEALTHCARE RETAIL GROUP, INC.

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
PO BOX 6	NDALE ROAD 1930 PRUSSIA, PA 1	9406			
Current M	lailing Address	s:	New Maili	ng Address	::
PO BOX 8 PRINCETO	749 ON, NJ 08543	US			
FEI Number:	: 02-0498420	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	Address of	f New Registered Agent:
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324				
	named entity s of Florida.	ubmits this statement for the	purpose of changing	its registered	d office or registered agent, or both,
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ag	ent		Date
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () MEELIA, RICHAI 601 ALLENDALE KING OF PRUSS	ROAD	Title: Name: Address: City-St-Zip:	MEELIA, RIC 601 ALLEND	
Title: Name: Address: City-St-Zip:	S () MASTERSON, Ju 601 ALLENDALE KING OF PRUSS	ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	T () HUND-MEJEAN, 601 ALLENDALE KING OF PRUSS	ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name:	()	Delete	Title: Name:	D CHIA, DOUG	()Change(X)Addition iLAS

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.

Address:

City-St-Zip:

601 ALLENDALE ROAD

KING OF PRUSSIA, PA 19406

SIGNATURE: RICHARD MEELIA P 04/19/2005