

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002526

FILED
Apr 27, 2006
Secretary of State

Entity Name: TYCO HEALTHCARE RETAIL GROUP, INC.

Current Principal Place of Business:

601 ALLENDALE ROAD
PO BOX 61930
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

PO BOX 8749
PRINCETON, NJ 08543 US

New Mailing Address:

FEI Number: 02-0498420

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEELIA, RICHARD J
Address: 601 ALLENDALE ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S () Delete
Name: MASTERSON, JOHN H
Address: 601 ALLENDALE ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: T () Delete
Name: HUND-MEJEAN, MARTINA
Address: 601 ALLENDALE ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: D () Delete
Name: CHIA, DOUGLAS
Address: 601 ALLENDALE ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICK MCGRATH

POA

04/27/2006

Electronic Signature of Signing Officer or Director

Date