

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001517

Entity Name: MEDTRONIC SPINE LLC

**FILED**  
**Jul 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1221 CROSSMAN AVENUE  
SUNNYVALE, CA 94089

**New Principal Place of Business:**

**Current Mailing Address:**

1221 CROSSMAN AVENUE  
SUNNYVALE, CA 94089

**New Mailing Address:**

2600 SOFAMOR DANEK DR  
MEMPHIS, TN 38132

FEI Number: 26-1797188

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDTRONIC SOFAMOR DANEK USA, INC  
Address: 1800 PYRAMID PLACE  
City-St-Zip: MEMPHIS, TN 38138

Title: PRES  
Name: O'CONNELL, CHRISTOPHER  
Address: 2600 SOFAMOR DANEK DR  
City-St-Zip: MEMPHIS, TN 38132

Title: CFO  
Name: JORDHEIM, ROBERT  
Address: 2600 SOFAMOR DANEK DR  
City-St-Zip: MEMPHIS, TN 38132

Title: VP  
Name: JOHNSON, NOREEN  
Address: 2600 SOFAMOR DANEK DRIVE  
City-St-Zip: MEMPHIS, TN 38132

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NOREEN JOHNSON

VP

07/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date