

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90285 035 ***150.00

DOCUMENT # M43356

1. Entity Name

CORVITA CORPORATION

Principal Place of Business

Mailing Address

**8210 NW 27TH STREET
MIAMI FL 33122
US**

**ONE BOSTON SCIENTIFIC PLACE
NATICK MA 01760-1536**

2. Principal Place of Business

3. Mailing Address

One Boston Scientific Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Natick, MA

4. FEI Number

59-2745022

Applied For

Not Applicable

Zip

Country

Zip

Country

01760

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BERMAN, MICHAEL	ONE SCIMED PLACE	MAPLE GROVE MN	<input type="checkbox"/>
VD	BEST, LAWRENCE C	ONE BOSTON SCIENTIFIC PLACE	NATICK MA	<input type="checkbox"/>
T	KELLY, JANET M	ONE BOSTON SCIENTIFIC PLACE	NATICK MA	<input type="checkbox"/>
SD	SANDMAN, PAUL W	ONE BOSTON SCIENTIFIC PLACE	NATICK MA	<input type="checkbox"/>
V	NEUMANN, LAWRENCE R	ONE BOSTON SCIENTIFIC PLACE	NATICK MA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
S	Jean Fitterer Lance	One Scimed Place	Maple Grove, MN 55311	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence R. Neumann

4/21/00

Date

508-650-8000

Daytime Phone #

CR2E034 (9/99)