


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M43356 1. Entity Name CORVITA CORPORATION	
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Principal Place of Business ONE BOSTON SCIENTIFIC PL NATICK, MA 01760 US	Mailing Address ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760
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03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2745022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000313173 04/18/05-80111-025. 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BEST, LAWRENCE C ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC FLORIN, DANIEL P ONE BOSTON SCIENTIFIC PL NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KNOPF, LAWRENCE J ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KOFOL, MILAN ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT NEUMANN, LAWRENCE R. ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LANCE, JEAN P ONE BOSTON SCIENTIFIC PLACE NATICK, MA 01760

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **Lawrence R. Neumann/V.P. Corp Tax** **4/4/05** **(508) 650-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #