

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Jun 27, 2002 8:00 am
Secretary of State

03-06-2002 90064 011 ***150.00

DOCUMENT # M92107

1. Entity Name

WORLD MEDICAL MANUFACTURING CORPORATION *DEPARTMENT OF S*

Principal Place of Business

**799 INTERNATIONAL PKWY
 SUNRISE FL 33325**

Mailing Address

**799 INTERNATIONAL PKWY
 SUNRISE FL 33325**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0135550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FUGER, SIMON

**799 INTERNATIONAL PARKWAY
 SUNRISE FL 33325**

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**

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

1200 SOUTH PINE ISLAND ROAD

City **PLANTATION**

FL

Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in this State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**NASEEM A. CONDE
 SPECIAL ASST. SECRETARY**

6.17.02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RASCAL, ANDY 3576 UNOCAL PLACE SANTA ROSA CA 95403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD FUGER, SIMON 799 INTERNATIONAL PARKWAY SUNRISE FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WILDER, THOMAS C. III 3576 UNOCAL PLACE SANTA ROSA CA 95403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORNE, MARGARATE R 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, ROBERT L 7000 CENTRAL AVENUE NE MINNEAPOLIS MN 55432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLOSSBERG, MARK A 3576 UNOCAL DR SANTA ROSA CA 95403	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BIAL HARRIS 3576 UNOCAL PLACE SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSBORNE, MARGARET A. 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RYAN, ROBERT L. 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHLOSSBERG, MARK A. 3576 UNOCAL PLACE SANTA ROSA, CA 95403	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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

SIMON FUGER

Date

Daytime Phone #

1/16/02 (754) 835-4050

CR2E034 (9/01)



Medtronic
AVE

Attachment
95218

June 18, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 323-1500

Subject: World Medical Manufacturing Corporation
Reference No: M92107

To Whom It May Concern:

Attached is the resubmitted 2002 Uniform Business Report for the above-named corporation. The resubmitted report bears the signature of the new registered agent in box 8. The corporation had previously filed the signed change in agent with the Florida Secretary of State on January 18th, 2002 (see copy of change statement, attached for your reference). Upon receipt of your letter that the UBR had not been filed due to omission of this signature we believed that the matter could be resolved by submitting a copy of the change statement. However, upon speaking with a representative from the Annual Reports Section, we were told that we needed our new registered agent to sign the 2002 Uniform Business Report as well. We regret that during the time it took to resolve this situation, the 30 days from the date of the letter informing us of the needed signature has elapsed. We respectfully request that the corporation's 2002 Uniform Business Report be processed as soon as possible.

Respectfully,

Marianne Greene

Marianne Greene
Tax Manager

Enclosures

Attachment
+ Debt
M92107

95218

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: World Medical Manufacturing Corporation
2. The mailing address of the corporation is: 799 International Pkwy, Sunrise, FL 33325

3. Date of incorporation/qualification: 8/2/88 Document number: M92107

4. The name and address of the current registered agent and office:

Fuger Simon

13794 N.W. 4th Street., Bldg 210

Sunrise, FL 33325

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

FILED
2002 JAN 18 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Robert L. Ryan

(Signature of an officer, chairman or vice chairman of the board)

1.9.2002

(Date)

Robert L. Ryan, Vice President

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Signature of Registered Agent)

1/14/02
(Date)

If signing on behalf of an entity:

Kevin D. Lumberg
(Typed or Printed Name)

Asst. Secy
(Capacity)