## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # M94245** 1. Entity Name MINIMED MEDICAL SUPPLY, INC. 04-09-2001 90019 012 \*\*\*150.00 Principal Place of Business Mailing Address 12744 SAN FERNANDO ROAD 12744 SAN FERNANDO ROAD SYLMAR CA 91342 SYLMAR CA 91342 lus US 2. Principal Place of Business 3. Mailing Address 18000 Devonshire St. 18000 Devonshire St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0061604 Northridge, CA 91325 Northridge, CA 91325 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired U.S.A. U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. P/D ■ Addition TITLE ☐ Delete TITLE □x Change TERRANCE, GREGG H. NAME NAME 18000 Devonshire St. 12744 SAN FERNANDO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SYLMAR CA 91344 Northridge, CA 91325 VSD ☐ Delete TITLE NAME Kentor, Eric S. NAME STREET ADDRESS 12744 SAN FERNANDO ROAD STREET ADDRESS 18000 Devonshire St. CITY-ST-ZIP SYLMAR CA 91344 CITY-ST-ZIP Northridge, CA 91325 V/D □ Addition TITLE ☐ Delete TITI F NAME SAYER, KEVIN R. NAME 18000 Devonshire St. STREET ADDRESS 12744 SAN FERNANDO ROAD STREET ADDRESS Northridge, CA 91325 CITY-ST-ZIP SYLMAR CA 91344 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

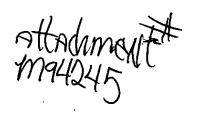
Cill

ERIC KENTOR

4-3-01

(800)933-3322

Daytime Phone #





April 4, 2001

524289

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2001 Uniform Business Report: MINIMED MEDICAL SUPPLY, INC.

Enclosed please find the 2001 Uniform Business Report to be filed on behalf of MINIMED MEDICAL SUPPLY, INC..

Per the instructions provided, I have also enclosed a check in the amount of \$150. payable to the Department of State.

Kindly process this form at your earliest opportunity. Please return a stamped/endorsed copy of the form as evidence of receipt in the self-addressed stamped envelope which has been provided for your convenience.

Thank you for your assistance on this matter.

Very truly yours,

Lori Snell, Paralegal-MiniMed Inc.

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