

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90019 012 \*\*\*150.00

**DOCUMENT # M94245**

1. Entity Name

**MINIMED MEDICAL SUPPLY, INC.**

Principal Place of Business

**12744 SAN FERNANDO ROAD  
SYLMAR CA 91342  
US**

Mailing Address

**12744 SAN FERNANDO ROAD  
SYLMAR CA 91342  
US**

2. Principal Place of Business

**18000 Devonshire St.**

3. Mailing Address

**18000 Devonshire St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Northridge, CA 91325**

City &amp; State

**Northridge, CA 91325**

Zip

Country

**U.S.A.**

Zip

Country

**U.S.A.**

4. FEI Number

**65-0061604**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	P/D	TERRANCE, GREGG H.	12744 SAN FERNANDO ROAD SYLMAR CA 91344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		18000 Devonshire St. Northridge, CA 91325	
<input type="checkbox"/> Delete	VSD	KENTOR, ERIC S.	12744 SAN FERNANDO ROAD SYLMAR CA 91344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		18000 Devonshire St. Northridge, CA 91325	
<input type="checkbox"/> Delete	V/D	SAYER, KEVIN R.	12744 SAN FERNANDO ROAD SYLMAR CA 91344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		18000 Devonshire St. Northridge, CA 91325	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input 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)(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

**ERIC KENTOR****4-3-01**

Date

**(800)933-3322**

Daytime Phone #

CR2E034 (10/00)

Attachment #  
1794245



524289

April 4, 2001

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,

A handwritten signature in black ink, appearing to read "Lori Snell", followed by a large, stylized circular flourish.

Lori Snell, Paralegal  
MiniMed Inc.

MINIMED MEDICAL SUPPLY, INC.  
Proposed before me on April 4, 2001, at Tallahassee, Florida, and before me personally on April 4, 2001.