

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90101 028 \*\*\*150.00

**DOCUMENT # M94245**

1. Entity Name  
**MINIMED MEDICAL SUPPLY, INC.**



Principal Place of Business  
**18000 DEVONSHIRE ST  
NORTHBRIDGE CA 91325  
US**

Mailing Address  
**18000 DEVONSHIRE ST  
NORTHBRIDGE CA 91325  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TERRANCE, GREGG H.	18000 DEVONSHIRE ST	NORTHBRIDGE CA 91325	<input checked="" type="checkbox"/>
S	SCOTT, DAVID J	710 MEDTRONIC PKWY NE.	MINNEAPOLIS MN 55432-5604	<input type="checkbox"/>
CFO	RYAN, ROBERT L	710 MEDTRONIC PARKWAY NE	MINNEAPOLIS MN 55432-5604	<input type="checkbox"/>
D	SCOTT, DAVID J	710 MEDTRONIC PARKWAY NE	MINNEAPOLIS MN 55432-5604	<input type="checkbox"/>
D	RYAN, ROBERT L	710 MEDTRONIC PARKWAY NE	MINNEAPOLIS MN 55432-5604	<input type="checkbox"/>
D	ELLIS, GARY	710 MEDTRONIC PARKWAY NE	MINNEAPOLIS MN 55432-5604	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	JEFFERY A. MCCAULLEY	18000 DEVONSHIRE ST	NORTHBRIDGE, CALIF 91325	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
JEFFERY A. MCCAULLEY

2-14-03 818-576-5089

Date

Daytime Phone #