2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13596

1. Entity Name

PERFUSION SERVICES OF BAXTER HEALTHCARE CORPORAT

Edwards Ufesciences Cardiovascular Resources, Inc.

Principal Place of Business Mailing Address 16818 VIA DEL CAMPO CT. 16818 VIA DEL CAMPO CT. SAN DIEGO CA 92127-1714 SAN DIEGO CA 92127 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 25-1228645 Not Applicable Zip Country-\$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME DEVANEY, JACK NAME STREET ADDRESS 16818 VIA DEL CAMPO CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92127 VICE-President, Treasurer Change ☐ Delete ☐ Addition **VPC** TITLE TITLE Gardner, CLIFF 16818 VIa Del tampo Ct San Diego, CA 92127 NAME NAME SELLERS, BOB STREET ADDRESS STREET ADDRESS 16818 VIA DEL CAMPO COURT CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92127 ☐ Addition Delete TITLE ☐ Change TITLE CROWLEY, JEFFREY C NAME NAME STREET ADDRESS STREET ADDRESS 16818 VIA DEL CAMPO CT CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92127 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BOTTICELLI, DENISE NAME NAME STREET ADDRESS STREET ADDRESS 16818 VIA DEL CAMPO CT CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92127 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Daytime Phone #

May 24, 2000 8:00 am Secretary of State

05-24-2000 90060 040 ***150.00

SHA DECLUCIO SON

SIGNATURE: