## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P30061

Entity Name: UNITED STATES SURGICAL CORPORATION

FILED May 02, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	ER AVENUE K, CT 06856	US			HIRE STREET D, MA 02048	US	
Current Mailing Address:				New Mailing Address:			
P O BOX 8749				15 HAMPSHIRE STREET			
	N, NJ 085438	749 US			D, MA 02048	US	
FEI Number:	13-2518270	FEI Number Applied For (	) FEI Nun	nber Not Appli	icable ( )	Certificate of Status I	Desired ( )
Name and	Address of C	urrent Registered Age	nt:	Name and	Address of N	ew Registered Ag	ent:
1200 SOUT	ORATION SYS TH PINE ISLAN IDERDALE, FL	ID RD					
	named entity s of Florida.	ubmits this statement fo	r the purpose o	f changing it	s registered of	fice or registered a	gent, or both,
SIGNATUF	SE.						
01011/1101		ic Signature of Registere	ed Agent			Date	
Election Can		Trust Fund Contribution (	-			Buto	
			,		0/01/41/070		
OFFICERS	S AND DIRECT	iors:		ADDITION	S/CHANGES	TO OFFICERS AN	D DIRECTORS:
Title:	P ()	Delete		Title:	PRES (X)	Change ( ) Addition	
Name:	MEELIA, RICHA			Name:	MEELIA, RICHA		
Address:	150 GLOVER AV			Address:	15 HAMPSHIRE		
City-St-Zip:	NORWALK, CT	06856		City-St-Zip:	MANSFIELD, MA	4 02048	
Title:	S ()	Delete		Title:	VP (X)	Change ( ) Addition	
Name:	MOROZE, M. BF			Name:	RICHARD, BRO		
Address:	150 GLOVER AV			Address:	15 HAMPSHIRE		
City-St-Zip:	NORWALK, CT	06856		City-St-Zip:	MANSFIELD, MA	A 02048	
T:41	T ()	Delete		T:41	T) (DD () ()	Oh ( ) A-I-III	
Title: Name:	T () ABROMEIT, RIC	Delete HARD H		Title: Name:	TVPD (X) DASILVA, KEVII	Change () Addition	
Address:	150 GLOVER AV			Address:	15 HAMPSHIRE		
City-St-Zip:	NORWALK, CT			City-St-Zip:	MANSFIELD, MA		
	_	D 1.4					
Title:		Delete		Title:		Change ( ) Addition	
Name: Address:	MEELIA, RICHA 150 GLOVER AV			Name: Address:	KAPPLES, JOHI 15 HAMPSHIRE		
City-St-Zip:	NORWALK, CT			City-St-Zip:	MANSFIELD, MA		
Title:	()	Delete		Title:	DVP ()	Change (X) Addition	
Name:	( )	25.5.5		Name:	NICOLELLA, MA	• , ,	
Address:				Address:	15 HAMPSHIRE		
City-St-Zip:				City-St-Zip:	MANSFIELD, MA	A 02048	
Title:	()	Delete		Title:	AS ()	Change (X) Addition	
Name:	( )	<del></del>		Name:	FARBER, MARK		
Address:				Address:	15 HAMPSHIRE		
City-St-Zip:				City-St-Zip:	MANSFIELD, MA	A 02048	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN POA 05/02/2008