

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30061

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** UNITED STATES SURGICAL CORPORATION

**Current Principal Place of Business:**

15 HAMPSHIRE STREET  
MANSFIELD, MA 02048

**New Principal Place of Business:**

**Current Mailing Address:**

15 HAMPSHIRE STREET  
MANSFIELD, MA 02048

**New Mailing Address:**

**FEI Number:** 13-2518270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
FORT LAUDERDALE, FL 33324 US

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MEELIA, RICHARD J PRES  
**Address:** 15 HAMPSHIRE STREET  
**City-St-Zip:** MANSFIELD, MA 02048

**Title:** VP  
**Name:** BROWN, RICHARD G VP  
**Address:** 15 HAMPSHIRE STREET  
**City-St-Zip:** MANSFIELD, MA 02048

**Title:** VPTD  
**Name:** DASILVA, KEVIN G VPTREAD  
**Address:** 15 HAMPSHIRE STREET  
**City-St-Zip:** MANSFIELD, MA 02048

**Title:** VPSD  
**Name:** KAPPLES, JOHN W VPSECD  
**Address:** 15 HAMPSHIRE STREET  
**City-St-Zip:** MANSFIELD, MA 02048

**Title:** VPD  
**Name:** NICOLELLA, MATTHEW J VPDIR  
**Address:** 15 HAMPSHIRE STREET  
**City-St-Zip:** MANSFIELD, MA 02048

**Title:** ASEC  
**Name:** FARBER, MARK VPASEC  
**Address:** 15 HAMPSHIRE STREET  
**City-St-Zip:** MANSFIELD, MA 02048

I hereby 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 all other like empowered.

**SIGNATURE:** KELLY LETTMANN

POA

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date