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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33165

(2)

1. Corporation Name
SCIMED, INC.



Principal Place of Business

ONE SCIMED PLACE
MAPLE GROVE MN 55311
US

Mailing Address

ONE BOSTON SCIENTIFIC PLACE
NATICK MA 01760-1536
US

3. Date Incorporated or Qualified

03/12/1991

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

41-1679101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME GARY J. ARNOLD
STREET ADDRESS ONE BOSTON SCIENTIFIC PLACE
CITY-ST-ZIP NATICK MA

TITLE CFO ☐ DELETE

NAME JANET M. MCHUGH
STREET ADDRESS ONE BOSTON SCIENTIFIC PLACE
CITY-ST-ZIP NATICK MA

TITLE PD ☒ DELETE

NAME J. DANIEL COLE
STREET ADDRESS ONE BOSTON SCIENTIFIC PLACE
CITY-ST-ZIP NATICK MA

TITLE SD ☒ DELETE

NAME L. CECILY, HINES
STREET ADDRESS ONE SCIMED PLACE
CITY-ST-ZIP MAPLE GROVE MN

TITLE AS ☐ DELETE

NAME PAUL W. SANDMAN
STREET ADDRESS ONE BOSTON SCIENTIFIC PLACE
CITY-ST-ZIP NATICK MA

TITLE C ☒ DELETE

NAME MICHAEL T. GAFFER
STREET ADDRESS ONE SCI MED PLACE
CITY-ST-ZIP MAPLE GROVE MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME P/D
MICHAEL BERMAN
1.3 STREET ADDRESS ONE SCIMED PLACE
1.4 CITY-ST-ZIP MAPLE GROVE, MN 55311

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME CFO/T
JANET M. MCHUGH

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S/D
JEAN F. LANCE
3.3 STREET ADDRESS ONE SCIMED PLACE
3.4 CITY-ST-ZIP MAPLE GROVE, MN 55311

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME AS
LAWRENCE J. KNOPP
4.3 STREET ADDRESS ONE BOSTON SCIENTIFIC PLACE
4.4 CITY-ST-ZIP NATICK, MA 01760

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME D
PAUL W. SANDMAN

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME DIRECTOR OF TAXES
LAWRENCE R. NEUMANN
6.3 STREET ADDRESS ONE BOSTON SCIENTIFIC PLACE
6.4 CITY-ST-ZIP NATICK, MA 01760

14. I do 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 annual report or supplemental annual 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 recipient or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LAWRENCE R. NEUMANN 4/11/97 509-150-8000

CR2E034 (9/96)