

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90113 016 ***150.00

0515159 AT

DOCUMENT # P93000036872

1. Entity Name

MINIMED PHARMACIES, INC.

Principal Place of Business

**18000 DEVONSHIRE ST
 NORTHDRIDGE CA 91325
 US**

Mailing Address

**18000 DEVONSHIRE ST
 NORTHDRIDGE 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

4. FEI Number

65-0417677

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 SYSTEMS
 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.

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
 NAME **P/D**
 STREET ADDRESS **TERRANCE, GREGG H**
 CITY-ST-ZIP **18000 DEVONSHIRE ST
 NORTHDRIDGE CA 91325**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **TERRANCE H. GREGG**
 CITY-ST-ZIP **18000 DEVONSHIRE STREET
 NORTHDRIDGE, CALIFORNIA 91325**

TITLE ☒ Delete
 NAME **VSD**
 STREET ADDRESS **KENTOR, ERIC S**
 CITY-ST-ZIP **18000 DEVONSHIRE ST
 NORTHDRIDGE CA 91325**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR, SECRETARY**
 STREET ADDRESS **DAVID J. SCOTT**
 CITY-ST-ZIP **710 MEDTRONIC PARKWAY NE
 MINNEAPOLIS, MINNESOTA 55432-5604**

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **SAYER, KEVIN R**
 CITY-ST-ZIP **18000 DEVONSHIRE ST
 NORTHDRIDGE CA 91325**

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR, CFO**
 STREET ADDRESS **ROBERT L. RYAN**
 CITY-ST-ZIP **710 MEDTRONIC PARKWAY NE
 MINNEAPOLIS, MINNESOTA 55432-5604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **GARY L. ELLIS**
 CITY-ST-ZIP **710 MEDTRONIC PARKWAY NE
 MINNEAPOLIS, MINNESOTA 55432-5604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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.

SIGNATURE:

SIGNATURE REQUIRED TERRANCE H. GREGG, PRESIDENT 4-5-02 818-362-5958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)