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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
160315	ARTHROCARE MEDICAL CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
7500 RIALTO BLVD BLDG TWO, STE 100		AUSTIN	TX	78735
4. Business Phone No.	5. State of Incorporation			
512.391.3902	NEVADA			

6. Brief Description of the Character of Business Conducted in Rhode Island
SALES AND DISTRIBUTION

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
MICHAEL BAKER					
Street Address			Street Address		
7500 RIALTO BLVD BLDG TWO, STE 100					
City	State	Zip	City	State	Zip
AUSTIN	TX	78735			
Secretary Name			Treasurer Name		
RICHARD REW			BRIAN SIMMONS		
Street Address			Street Address		
7500 RIALTO BLVD BLDG TWO, STE 100			7500 RIALTO BLVD BLDG TWO, STE 100		
City	State	Zip	City	State	Zip
AUSTIN	TX	78735	AUSTIN	TX	78735

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
RICHARD REW			BRIAN SIMMONS		
Street Address			Street Address		
7500 RIALTO BLVD BLDG TWO, STE 100			7500 RIALTO BLVD BLDG TWO, STE 100		
City	State	Zip	City	State	Zip
AUSTIN	TX	78735	AUSTIN	TX	78735
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	.001

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard Rew 1-19-09
Signature *Date*

RICHARD REW
Print or Type Name

SECRETARY/DIRECTOR
Title

[redacted]

File Date FILED
Check No. JAN 30 2009
By: By 138655
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30973-15-338404

Form 630 Rev. 08/08