

AP Region Marketing Structure Stratplan submissions

May 2011

Note: those AP marketing HCs proposed are subject to change based on strat plan approval in June, 2011



General Considerations – AP Regional Support HC



- All new support HC should be local hires, but no expats
- Location of new AP support HCs, need to be determined
- Right mix of central (AP HQ) vs. decentralized location

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Summary – AP Regional Support HCDRAF

AP Regional Support HC	AP HQ	IC Mktg	CRM/EP Mktg	PI Mktg	Structural Heart Mktg	Uro/Gyne Mktg	Endo Mktg	BD	HEGA	Marcom	Other
2011 HC status	6	1	1	1			1	0.5	0.5	1	
2012 HC adds	10	3	2	1?	1	1	1	0.5	0.5		
2013 HC adds	5	1	1	1?			1? Alair			1	
2014 HC adds	0										
2015 HC adds	0										
2016 HC adds	0										
Total HC End 2016	21	5	4	3?	1	1	3?	1	1	2	

BSC Div Rev Strat Plan In \$M	AP	IC incl. Struc heart	CRM/EP	PI	Structural Heart	Uro/Gyne	Endo	NMD (ANZ Only)		
2011 E						12				
2016 E						25				
CAGR (%)						16%				

Functional support areas like Finance, HR, RA/QA NOT considered
 To be considered: CRV Marketing AP structure to more effectively and better leverage resources

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AP CRM/EP Marketing Structure



AP IC Marketing Structure



ΔDDI	Marketing	Structura
AP PI	marketing	Structure



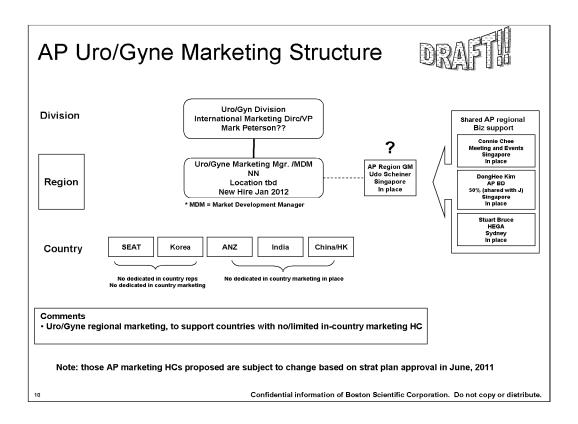
AP Structural Heart Structure (Watchman only)	DPA518

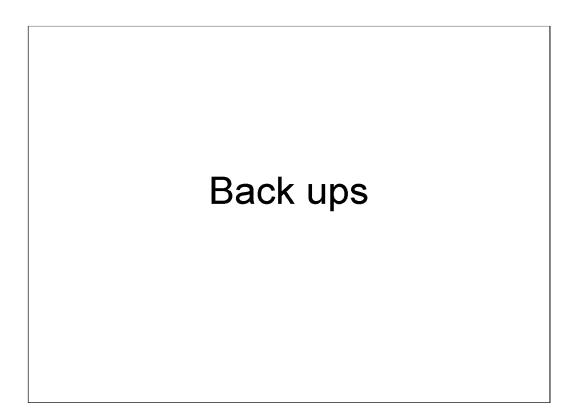
WATCHMAN AP Structure Proposal for 2011



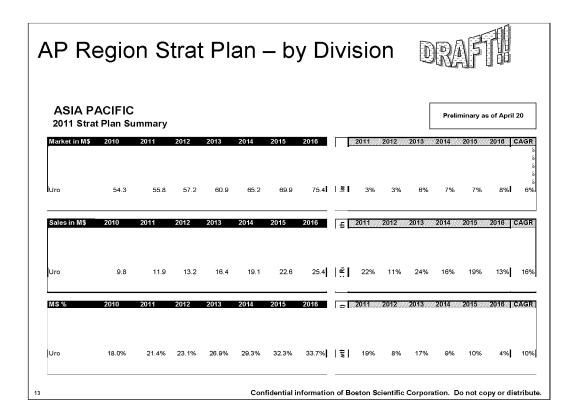
AP I	Endo	Marketing	Structure
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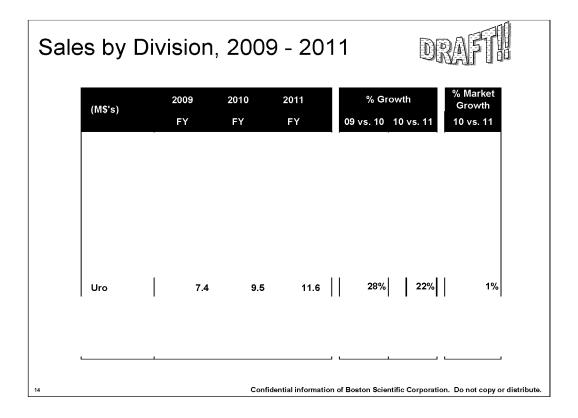






EM Stratplan Summary – By Country				
EMERGING MARKET 2011 Strat Plan Summary	Preliminary as of April 20			
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Overall double digit growth in each and every division expected.

Cardio expected to grow strongly vs. 2010 driven by PE launch in India, China, and full year PE/TE impact in other countries.

Other IC growth below market growth due lack of competitve BMS, IVUS challenges, balloon smuggeling issue in China,

CRM growth of % is considering m deferred revenue- otherwise growth rate is % for all CRM or % for Defib only.