

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000006900

Entity Name: ANIMAS DIABETES CARE, LLC

Current Principal Place of Business:

965 CHESTERBROOK BOULEVARD
WAYNE, PA 19087

Current Mailing Address:

965 CHESTERBROOK BOULEVARD
WAYNE, PA 19087 US

FEI Number: 23-3016770

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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

Authorized Person(s) Detail :

Title MEMBER
Name ANIMAS LLC
Address 965 CHESTERBROOK BOULEVARD
City-State-Zip: WAYNE PA 19087

Title SECRETARY
Name KHOO, KIAN LENG WINSTON
Address 965 CHESTERBROOK BOULEVARD
City-State-Zip: WAYNE PA 19087

Title CHIEF FINANCIAL OFFICER /
TREASURER
Name BROWNRIGG, ROGER
Address 965 CHESTERBROOK BOULEVARD
City-State-Zip: WAYNE PA 19087

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIAN LENG WINSTON KHOO

SECRETARY

04/24/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date