

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000006900

**Entity Name:** ANIMAS DIABETES CARE, LLC

**Current Principal Place of Business:**

200 LAWRENCE DRIVE  
WEST CHESTER, PA 19380

**Current Mailing Address:**

200 LAWRENCE DRIVE  
WEST CHESTER, PA 19380 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 CORPORATION  
Address 200 LAWRENCE DRIVE  
City-State-Zip: WEST CHESTER PA 19380

*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:** ANIMAS CORPORATION

MEMBER

04/15/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date