

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006037

**Entity Name:** SMITHS MEDICAL ASD, INC.**Current Principal Place of Business:**6000 NATHAN LANE N.  
MINNEAPOLIS, MN 55442**Current Mailing Address:**6000 NATHAN LANE N.  
MINNEAPOLIS, MN 55442 US**FEI Number:** 95-3974847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title	SECRETARY	Title	CEO, PRESIDENT, DIRECTOR
Name	ARMSTRONG, MICHAEL	Name	HOLMES, CHRIS
Address	6000 NATHAN LANE N.	Address	6000 NATHAN LANE N.
City-State-Zip:	MINNEAPOLIS MN 55442	City-State-Zip:	MINNEAPOLIS MN 55442
Title	DIRECTOR	Title	TREASURER, DIRECTOR
Name	LANDRUM, BRETT	Name	PROBOSKI, TRACY
Address	6000 NATHAN LANE N.	Address	6000 NATHAN LANE N.
City-State-Zip:	MINNEAPOLIS MN 55442	City-State-Zip:	MINNEAPOLIS MN 55442

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRIS HOLMES

PRESIDENT

04/13/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date