

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005221

Entity Name: PROVATION MEDICAL, INC.**Current Principal Place of Business:**533 S 3RD ST.
SUITE 300
MINNEAPOLIS, MN 55415-1101**Current Mailing Address:**C/O DMA
PO BOX 80600
INDIANAPOLIS, IN 46280 US**FEI Number:** 41-1819816**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324-2525 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	DIRECTOR, VP
Name	MULHALL, CHRISTOPHER M
Address	6920 SEAWAY BLVD
City-State-Zip:	EVERETT WA 98203

Title	DIRECTOR, TREASURER, VP
Name	YADAVA, RAJESH
Address	6920 SEAWAY BLVD
City-State-Zip:	EVERETT WA 98203

Title	SECRETARY, VP
Name	DANIEL, KIM B
Address	6920 SEAWAY BLVD
City-State-Zip:	EVERETT WA 98203

Title	ASST. SECRETARY
Name	CROSS, BRIDGET
Address	14150 SW KARL BRAUN DR.
City-State-Zip:	BEAVERTON OR 97077

Title	TREASURER
Name	YADAVA, RAJESH
Address	6920 SEAWAY BLVD
City-State-Zip:	EVERETT WA 98203

Title	PRESIDENT
Name	KAUL, ANKUSH
Address	533 S 3RD ST. SUITE 300
City-State-Zip:	MINNEAPOLIS MN 55415-1101

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: BRIDGET CROSS**ASSISTANT SECRETARY** 02/28/2024

Electronic Signature of Signing Officer/Director Detail

Date