

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005221

Entity Name: PROVATION MEDICAL, INC.**Current Principal Place of Business:**800 WASHINGTON AVENUE NORTH, SUITE 400
MINNEAPOLIS, MN 55401**Current Mailing Address:**800 WASHINGTON AVENUE NORTH, SUITE 400
MINNEAPOLIS, MN 55401**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 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, PRESIDENT
Name DEL TORO, DAVID
Address 800 WASHINGTON AVENUE NORTH,
SUITE 400
City-State-Zip: MINNEAPOLIS MN 55401

Title DIRECTOR
Name EGHBALI, BEHDAD
Address 223 WILSHIRE BLVD
SUITE 800
City-State-Zip: SANTA MONICA CA 90401

Title SECRETARY
Name KHODADAD, MEHDI
Address 223 WILSHIRE BLVD
SUITE 800
City-State-Zip: SANTA MONICA CA 90401

Title DIRECTOR
Name MEHROTRA, PRASHANT
Address 800 WASHINGTON AVENUE NORTH,
SUITE 400
City-State-Zip: MINNEAPOLIS MN 55401

Title TREASURER
Name MONTELEONE, TOM
Address 800 WASHINGTON AVENUE NORTH,
SUITE 400
City-State-Zip: MINNEAPOLIS MN 55401

Title VP
Name VITTERS, KATIE
Address 800 WASHINGTON AVENUE NORTH,
SUITE 400
City-State-Zip: MINNEAPOLIS MN 55401

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: KATIE VITTERS

VP

03/18/2019

Electronic Signature of Signing Officer/Director Detail

Date