

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006775

**Entity Name:** PHILIPS IMAGE GUIDED THERAPY CORPORATION

**Current Principal Place of Business:**

3721 VALLEY CENTRE DRIVE  
SUITE 500  
SAN DIEGO, CA 92130

**Current Mailing Address:**

3721 VALLEY CENTRE DRIVE  
SUITE 500  
SAN DIEGO, CA 92130 US

**FEI Number:** 33-0928885

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 LIU, LING

Address 222 JACOBS ST  
FLOOR 3

City-State-Zip: CAMBRIDGE MA 02141

Title DIRECTOR, SECRETARY, VP

Name INNAMORATI, JOSEPH E

Address 1600 SUMMER STREET

City-State-Zip: STAMFORD CT 06905

Title TREASURER, VP

Name MOORE, SCOTT

Address 3721 VALLEY CENTRE DRIVE  
SUITE 500

City-State-Zip: SAN DIEGO CA 92130

Title VP

Name CAVANAUGH, PAUL

Address 222 JACOBS ST  
FLOOR 3

City-State-Zip: CAMBRIDGE MA 02141

Title PRESIDENT

Name LANDON, CHRISTOPHER

Address 3721 VALLEY CENTRE DRIVE  
SUITE 500

City-State-Zip: SAN DIEGO CA 92130

*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:** JOSEPH E INNAMORATI

**SECRETARY**

**04/29/2021**

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

\_\_\_\_\_  
Date