

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000006499

**Entity Name:** FISHER & PAYKEL HEALTHCARE, INC.

**Current Principal Place of Business:**

15365 BARRANCA PARKWAY  
IRVINE, CA 92618

**Current Mailing Address:**

15365 BARRANCA PARKWAY  
IRVINE, CA 92618 US

**FEI Number: 33-0675741**

**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            DIR  
Name            DANIELL, MICHAEL DIRECTO  
Address        15 MAURICE PAYKEL PLACE, EAST  
                  TAMAKI  
City-State-Zip: AUCKLAND, NEW ZEALAND NZ 2013

Title            DIR  
Name            SHEARER, PAUL DIRECTO  
Address        15 MAURICE PAYKEL PLACE, EAST  
                  TAMAKI  
City-State-Zip: AUCKLAND, NEW ZEALAND NZ 2013

Title            PRES  
Name            CALLAHAN, JUSTIN PRESIDE  
Address        15365 BARRANCA PARKWAY  
City-State-Zip: IRVINE CA 92618

Title            ST  
Name            HERNANDEZ, PETER DSECRET  
Address        15365 BARRANCA PARKWAY  
City-State-Zip: IRVINE CA 92618

*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: PETER D HERNANDEZ**

**SECRETARY**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date