

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002405

Entity Name: GLOBUS MEDICAL, INC.**Current Principal Place of Business:**2560 GENERAL ARMISTEAD AVE
AUDUBON, PA 19403**Current Mailing Address:**2560 GENERAL ARMISTEAD AVE
AUDUBON, PA 19403**FEI Number:** 04-3744954**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	DIRECTOR, PRESIDENT
Name	DEMSKI, DAVID M
Address	2560 GENERAL ARMISTEAD AVE
City-State-Zip:	AUDUBON PA 19403

Title	CHAIRMAN, CEO
Name	PAUL, DAVID C
Address	2560 GENERAL ARMISTEAD AVE
City-State-Zip:	AUDUBON PA 19403

Title	SECRETARY, TREASURER, DIRECTOR
Name	DAVIDAR, DAVID D
Address	2560 GENERAL ARMISTEAD AVE
City-State-Zip:	AUDUBON PA 19403

Title	DIRECTOR
Name	WHEELER, KURT C
Address	801 GATEWAY BLVD STE 410
City-State-Zip:	SOUTH SAN FRANCISCO PA 94080

Title	DIRECTOR
Name	LIPTAK, ROBERT W
Address	ONE MEMORIAL DRIVE STE 1230
City-State-Zip:	CAMBRIDGE MA 02142

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: DAVID D DAVIDAR**SECRETARY****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date