

**2015 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 LIPTAK, ROBERT W  
Address ONE MEMORIAL DRIVE  
STE 1230  
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR  
Name WHEELER, KURT C.  
Address 801 GATERWAY BLVD., SUITE 410  
City-State-Zip: SOUTH SAN FRANCISCO CA 94080

Title DIRECTOR  
Name LEMAITRE, DANIEL  
Address 136 HEBER AVENUE, SUITE 204  
City-State-Zip: PARK CITY UT 84060

Title DIRECTOR  
Name RHOADS, ANN D.  
Address 12671 HIGH BLUFF DRIVE, SUITE 200  
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: DAVID D. DAVIDAR**

**SECRETARY**

**04/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date