

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002405

**Entity Name:** GLOBUS MEDICAL, INC.

**Current Principal Place of Business:**

2560 GENERAL ARMISTEAD AVENUE  
AUDUBON, PA 19403

**Current Mailing Address:**

2560 GENERAL ARMISTEAD AVENUE  
AUDUBON, PA 19403 US

**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, CHIEF EXECUTIVE OFFICER  
Name           DEMSKI, DAVID M.  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip: AUDUBON PA 19403

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

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

Title           DIRECTOR  
Name           WHEELER, KURT C.  
Address        801 GATEWAY BOULEVARD 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

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

*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**

**02/01/2020**

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

\_\_\_\_\_  
Date