

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004497

**Entity Name:** CHRISTIE MEDICAL HOLDINGS, INC.**Current Principal Place of Business:**10550 CAMDEN DRIVE  
CYPRESS, CA 90630**Current Mailing Address:**10550 CAMDEN DRIVE  
CYPRESS, CA 90630 US**FEI Number:** 27-1440336**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	Title	CEO, DIRECTOR
Name	CARTER, CLINT	Name	SHOLDER, CRAIG M.
Address	10550 CAMDEN DRIVE	Address	10550 CAMDEN DRIVE
City-State-Zip:	CYPRESS CA 90630	City-State-Zip:	CYPRESS CA 90630
Title	PRESIDENT, DIRECTOR	Title	CHAIRMAN, DIRECTOR
Name	PINHO, GEORGE	Name	KLINE, JOHN M.
Address	10550 CAMDEN DRIVE	Address	10550 CAMDEN DRIVE
City-State-Zip:	CYPRESS CA 90630	City-State-Zip:	CYPRESS CA 90630
Title	CFO, SECRETARY, DIRECTOR		
Name	KAMIYAMA, KAZUHISA		
Address	10550 CAMDEN DRIVE		
City-State-Zip:	CYPRESS CA 90630		

*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:** KAZUHISA KAMIYAMA**SECRETARY****05/01/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date