

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004713

Entity Name: GALIL MEDICAL INC.

Current Principal Place of Business:

4364 ROUND LAKE RD
ARDEN HILLS, MN 55112

Current Mailing Address:

4364 ROUND LAKE RD
ARDEN HILLS, MN 55112

FEI Number: 20-3916556

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 SECRETARY
Name MATTIS, VALERIE
Address 300 CONSHOHOCKEN STATE ROAD
300 FOUR FALLS CORPORATE
CENTER SUITE 300
City-State-Zip: WEST CONSHOHOCKEN PA 19428

Title PRESIDENT, VP
Name PLENTL, MARIA
Address 4364 ROUND LAKE RD
City-State-Zip: ARDEN HILLS MN 55112

Title TREASURER
Name GUT, JONATHON
Address 4364 ROUND LAKE RD
City-State-Zip: ARDEN HILLS MN 55112

Title DIRECTOR
Name BROWN, VANCE R
Address 4364 ROUND LAKE RD
City-State-Zip: ARDEN HILLS MN 55112

Title DIRECTOR
Name JONATHAN , MONSON R
Address 4364 ROUND LAKE RD
City-State-Zip: ARDEN HILLS MN 55112

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: JONATHON GUT

TREASURER

04/23/2020

Electronic Signature of Signing Officer/Director Detail

Date