

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004398

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**2433226625CC**

**Entity Name:** OBMEDICAL COMPANY

**Current Principal Place of Business:**

3000 MINUTEMAN ROAD  
ANDOVER, MA 01810

**Current Mailing Address:**

3000 MINUTEMAN ROAD  
ANDOVER, MA 01810 US

**FEI Number:** 46-0537828

**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, SECRETARY, VP  
Name INNAMORATI, JOSEPH E  
Address 3000 MINUTEMAN ROAD  
City-State-Zip: ANDOVER MA 01810

Title ASST. SECRETARY  
Name MALONEY, KAREN A  
Address 3000 MINUTEMAN ROAD  
City-State-Zip: ANDOVER MA 01810

Title DIRECTOR, PRESIDENT  
Name LIU, LING  
Address 3000 MINUTEMAN ROAD  
City-State-Zip: ANDOVER MA 01810

Title VP, TREASURER  
Name CAVANAUGH, PAUL  
Address 3000 MINUTEMAN ROAD  
City-State-Zip: ANDOVER MA 01810

*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:** JOSEPH E INNAMORATI

**SECRETARY**

**04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date