

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003988

**Entity Name:** MICROPORT ORTHOPEDICS INC.

**Current Principal Place of Business:**

5677 AIRLINE ROAD  
ARLINGTON, TN 38002

**Current Mailing Address:**

5677 AIRLINE ROAD  
ARLINGTON, TN 38002

**FEI Number: 46-3372486**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name           SUN, HONGBIN  
Address        5677 AIRLINE ROAD  
City-State-Zip: ARLINGTON TN 38002

Title           DIRECTOR  
Name           CHEN, JONATHAN  
Address        5677 AIRLINE ROAD  
City-State-Zip: ARLINGTON TN 38002

Title           VP FINANCE  
Name           SMITH, TODD  
Address        5677 AIRLINE ROAD  
City-State-Zip: ARLINGTON TN 38002

Title           DIRECTOR  
Name           SAHAGUN, AURELIO  
Address        5677 AIRLINE ROAD  
City-State-Zip: ARLINGTON TN 38002

Title           VP, GENERAL COUNSEL AND  
                  SECRETARY  
Name           OTTINGER, BRADLEY L  
Address        5677 AIRLINE ROAD  
City-State-Zip: ARLINGTON TN 38002

*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: TODD SMITH**

**VP**

**05/15/2020**

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

\_\_\_\_\_  
Date