

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004602

Entity Name: CETERIX ORTHOPAEDICS, INC.

Current Principal Place of Business:

959 HAMILTON AVENUE
MENLO PARK, CA 94025

Current Mailing Address:

959 HAMILTON AVENUE
MENLO PARK, CA 94025

FEI Number: 27-3161124

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 C
Name SIDOW, KEVIN
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

Title D
Name SALIMAN, JUSTIN M.D.
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

Title D
Name BISGAARD, PETER
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

Title P
Name MCCUTCHEON, JOHN
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

Title VP
Name HENDRICKSEN, MICHAEL
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

Title SECRETARY
Name MCGLYNN, CASEY
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name COLELLA, MARK
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

Title DIRECTOR
Name WARDEN, CHARLES
Address 959 HAMILTON AVENUE
City-State-Zip: MENLO PARK CA 94025

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: JOHN MCCUTCHEON

PRESIDENT & CEO

02/09/2016

Electronic Signature of Signing Officer/Director Detail

Date