

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004602

**Entity Name:** CETERIX ORTHOPAEDICS, INC.

**Current Principal Place of Business:**

6500 KAISER DRIVE  
SUITE 120  
FREMONT, CA 94555

**FILED**  
**Feb 08, 2017**  
**Secretary of State**  
**CC9463111344**

**Current Mailing Address:**

6500 KAISER DRIVE  
SUITE 120  
FREMONT, CA 94555 US

**FEI Number: 27-3161124**

**Certificate of Status Desired: Yes**

**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 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

Title D  
Name SALIMAN, JUSTIN M.D.  
Address 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

Title P  
Name MCCUTCHEON, JOHN  
Address 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

Title VP  
Name HENDRICKSEN, MICHAEL  
Address 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

Title SECRETARY  
Name MCGLYNN, CASEY  
Address 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

Title DIRECTOR  
Name WARDEN, CHARLES  
Address 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

Title DIRECTOR  
Name ALLISON, DAVID  
Address 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

Title DIRECTOR  
Name NIELSON, KIRK  
Address 6500 KAISER DRIVE  
SUITE 120  
City-State-Zip: FREMONT CA 94555

*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**

**02/08/2017**

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

\_\_\_\_\_  
Date