

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004848

Entity Name: SIENTRA, INC.

**Current Principal Place of Business:**

420 S FAIRVIEW AVE  
SUITE 200  
SANTA BARBARA, CA 93117

**Current Mailing Address:**

420 S FAIRVIEW AVE  
SUITE 200  
SANTA BARBARA, CA 93117 US

FEI Number: 20-5551000

Certificate of Status Desired: No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR A  
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 DIRECTOR  
Name SULLIVAN, KEITH  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title DIRECTOR  
Name O' BOYLE, KEVIN  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title DIRECTOR  
Name SCHAISON, PHILLIPE  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title DIRECTOR  
Name SIMON, NICHOLAS  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title SECRETARY  
Name BENNETT, OLIVER  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title DIRECTOR  
Name FISHER, MARY  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title CEO, PRESIDENT  
Name MENEZES, RON  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title DIRECTOR  
Name VAN HOVE, CAROLINE  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

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*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: OLIVER BENNETT

SECRETARY

04/28/2022

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name SCHMIDT, ANDY  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title DIRECTOR  
Name EBERSOLE, NORI  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117

Title DIRECTOR  
Name ERENBURG, IRINA  
Address 420 S FAIRVIEW AVE  
SUITE 200  
City-State-Zip: SANTA BARBARA CA 93117