

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003785

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC9227857515**

**Entity Name:** TELEFLEX MEDICAL INCORPORATED

**Current Principal Place of Business:**

3015 CARRINGTON MILL BOULEVARD  
MORRISVILLE, NC 27560

**Current Mailing Address:**

3015 CARRINGTON MILL BOULEVARD  
MORRISVILLE, NC 27560

**FEI Number:** 95-1867330

**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 DP  
Name KELLY, LIAM JOHN  
Address 550 E. SWEDESFORD ROAD  
City-State-Zip: WAYNE PA 19087

Title DVP  
Name DEREN, JOHN ROBERT  
Address 550 E. SWEDESFORD ROAD  
City-State-Zip: WAYNE PA 19087

Title S  
Name LEYDEN, JAMES JOSEPH  
Address 550 E. SWEDESFORD ROAD  
City-State-Zip: WAYNE PA 19087

Title VPT  
Name ELGUICZE, JAKE  
Address 550 E. SWEDESFORD ROAD  
City-State-Zip: WAYNE PA 19087

Title VP  
Name WINTER, GREGG WAYNE  
Address 550 E. SWEDESFORD ROAD  
City-State-Zip: WAYNE PA 19087

*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:** GREGG WAYNE WINTER

**VICE PRESIDENT**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date