

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000005421

**Entity Name:** GLOBUS MEDICAL NORTH AMERICA, INC.

**Current Principal Place of Business:**

2560 GENERAL ARMISTEAD AVENUE  
AUDUBON, PA 19403

**Current Mailing Address:**

2560 GENERAL ARMISTEAD AVENUE  
AUDUBON, PA 19403

**FEI Number:** 47-5520556

**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            PRESIDENT  
Name            SCAVILLA, DANIEL THOMAS  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip: AUDUBON PA 19403

Title            SECRETARY, TREASURER  
Name            MILLER, ROB  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip: AUDUBON PA 19403

Title            DIRECTOR  
Name            RHOADS, ANN D.  
Address        12671 HIGH BLUFF DRIVE, SUITE 200  
City-State-Zip: SAN DIEGO CA 92130

Title            DIRECTOR  
Name            LEMAITRE, DANIEL  
Address        136 HEBER AVENUE, SUITE 204  
City-State-Zip: PARK CITY UT 84060

Title            DIRECTOR  
Name            PAUL, DAVID C.  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip: AUDUBON PA 19403

Title            DIRECTOR  
Name            DAVIDAR, DAVID D.  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip: AUDUBON PA 19403

Title            DIRECTOR  
Name            DEMSKI, DAVID M.  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip: AUDUBON PA 19403

Title            DIRECTOR  
Name            JAMES , TOBIN  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip: AUDUBON PA 19403

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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: ROB MILLER**

**SECRETARY**

**03/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DOUGLAS, ROBERT  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip:  AUDUBON PA 19403

Title           DIRECTOR  
Name           ZARRILLI, STEPHEN  
Address        2560 GENERAL ARMISTEAD AVENUE  
City-State-Zip:  AUDUBON PA 19403