

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000748

**Entity Name:** ELVATION MEDICAL INC.

**Current Principal Place of Business:**

2220 NORTHMONT PARKWAY, SUITE 250  
DULUTH, GA 30096

**Current Mailing Address:**

C/O CORPORTION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**FEI Number:** 99-0381796

**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 CHAIRMAN  
Name SCHWARZ, GUENTER  
Address LUDWIG-WOLF-STRASSE 6  
City-State-Zip: KIESELBRONN 75249

Title PRESIDENT AND CEO  
Name STAHL, HOLGER  
Address LUDWIG-WOLF-STRASSE 6  
City-State-Zip: KIESELBRONN 75249

Title SECRETARY  
Name MEIS, SEBASTIAN  
Address 1720 PEACHTREE STREET NW, SUITE  
520  
City-State-Zip: ATLANTA GA 30309

Title TREASURER  
Name HARTMANN, MICHAEL  
Address 2220 NORTHMONT PARKWAY, SUITE  
250  
City-State-Zip: DULUTH GA 30096

*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:** SEBASTIAN MEIS

**SECRETARY**

**03/01/2017**

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

\_\_\_\_\_  
Date