

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000000748

FILED
Feb 10, 2019
Secretary of State
2755369192CC

Entity Name: ELVATION MEDICAL INC.

Current Principal Place of Business:

2220 NORTHMONT PARKWAY, SUITE 250
DULUTH, GA 30096

Current Mailing Address:

2220 NORTHMONT PARKWAY, SUITE 250
DULUTH, GA 30096 US

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, DIRECTOR
Name STAHL, HOLGER
Address LUDWIG-WOLF-STRASSE 6
City-State-Zip: KIESELBRONN 75249

Title SECRETARY
Name MEIS, SEBASTIAN
Address 3414 PEACHTREE ROAD NE, SUITE 1600
City-State-Zip: ATLANTA GA 30326

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

Title VP
Name BOELTER, CLAUS
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

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date