

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003513

**Entity Name:** COMPANION MEDICAL, INC.**Current Principal Place of Business:**11011 VIA FRONTERA  
STE. D  
SAN DIEGO, CA 92127**Current Mailing Address:**11011 VIA FRONTERA  
STE. D  
SAN DIEGO, CA 92127 US**FEI Number:** 46-4437014**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
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:** TIFANI MAI

03/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name SAINT, SEAN THOMAS  
Address 11011 VIA FRONTERA  
STE. D  
City-State-Zip: SAN DIEGO CA 92127

Title D  
Name MENSINGER, MICHAEL ROBERT  
Address 11011 VIA FRONTERA  
STE. D  
City-State-Zip: SAN DIEGO CA 92127

Title S  
Name TOWNSHEND, PETER  
Address 11011 VIA FRONTERA  
STE. D  
City-State-Zip: SAN DIEGO CA 92127

Title T  
Name EVANS, JENNIFER  
Address 11011 VIA FRONTERA  
STE. D  
City-State-Zip: SAN DIEGO CA 92127

Title D  
Name ESSEN-MOLLER, ANDERS  
Address 11011 VIA FRONTERA  
STE. D  
City-State-Zip: SAN DIEGO CA 92127

Title D  
Name RAMAKRISHNAN, DIVAKAR  
Address 11011 VIA FRONTERA  
STE. D  
City-State-Zip: SAN DIEGO CA 92127

Title D  
Name BEREZ, AARON  
Address 11011 VIA FRONTERA  
STE. D  
City-State-Zip: SAN DIEGO CA 92127

*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:** PETER N. TOWNSHEND**SECRETARY**

03/08/2019

Electronic Signature of Signing Officer/Director Detail

Date