

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000005322

Entity Name: PROFOUND MEDICAL (U.S.) INC.**Current Principal Place of Business:**28430 ALTESSA WAY, UNIT 104
BONITA SPRINGS, FL 34135**Current Mailing Address:**2400 SKYMARK AVE.
UNIT 6
MISSISSAUGA, ONTARIO L4W5K5 CA**FEI Number:** 35-2549788**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN/PRES
Name	MENAWAT, ARUN
Address	28430 ALTESSA WAY, UNIT 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIR/TREA
Name	DEWAN, RASHED
Address	2400 SKYMARK AVENUE, #6
City-State-Zip:	MISSISSAUGA

Title	DIR/SEC
Name	DAVIDSON, AARON
Address	2400 SKYMARK AVENUE, #6
City-State-Zip:	MISSISSAUGA

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: RASHED DEWAN

VP FINANCE

02/11/2021

Electronic Signature of Signing Officer/Director Detail_____
Date