

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000003015

**Entity Name:** REFLEXION MEDICAL, INC.

**Current Principal Place of Business:**

25841 INDUSTRIAL BLVD  
SUITE 275  
HAYWARD, CA 94545

**FILED**  
**Mar 31, 2022**  
**Secretary of State**  
**1257451474CC**

**Current Mailing Address:**

25841 INDUSTRIAL BLVD  
SUITE 275  
HAYWARD, CA 94545 US

**FEI Number: 26-4487874**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CTO  
Name MAZIN, SAMUEL  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name JULE, LOIC  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name HOBART, MATTHEW T.  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name POWELL, TODD  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name MOLL, FRED  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name BURKOTH, BILL  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name GARFIELD, GREG  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name PAPIERNIK, ANTOINE  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

**Continues on page 2**

*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: MARTYN WEBSTER**

**CFO**

**03/31/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WATKINS, JAY  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title SECRETARY  
Name WEBSTER, MARTYN  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title CEO  
Name POWELL, TODD  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title DIRECTOR  
Name MAZIN, SAMUEL  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545

Title CFO  
Name WEBSTER, MARTYN  
Address 25841 INDUSTRIAL BLVD  
SUITE 275  
City-State-Zip: HAYWARD CA 94545