#### 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005453

Entity Name: KESTRA MEDICAL TECHNOLOGY SERVICES, INC.

FILED
Apr 10, 2024
Secretary of State
8441068489CC

### **Current Principal Place of Business:**

3933 LAKE WASHINGTON BLVD NE

SUITE 200

KIRKLAND, WA 98033

### **Current Mailing Address:**

3933 LAKE WASHINGTON BLVD NE

SUITE 200

KIRKLAND, WA 98033 US

FEI Number: 84-4129309 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 TREASURER Title SECRETARY

Name UMBERGER, TRACI S. Name UMBERGER, TRACI S.

Address 3933 LAKE WASHINGTON BLVD NE Address 3933 LAKE WASHINGTON BLVD NE

SUITE 200 SUITE 200

City-State-Zip: KIRKLAND WA 98033 City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR Title DIRECTOR

Name WEBSTER, BRIAN Name UMBERGER, TRACI S.

Address 3933 LAKE WASHINGTON BLVD NE Address 3933 LAKE WASHINGTON BLVD NE

SUITE 200 SUITE 200

City-State-Zip: KIRKLAND WA 98033 City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR Title VP

Name GORDON, CHRISTOPHER Name UMBERGER, TRACI S.

Address 3933 LAKE WASHINGTON BLVD NE Address 3933 LAKE WASHINGTON BLVD NE

SUITE 200 SUITE 200

City-State-Zip: KIRKLAND WA 98033 City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR Title PRESIDENT / CEO

Name MISHAN, ORLY Name WEBSTER, BRIAN

Address 3933 LAKE WASHINGTON BLVD NE Address 3933 LAKE WASHINGTON BLVD NE

SUITE 200 SUITE 200

City-State-Zip: KIRKLAND WA 98033 City-State-Zip: KIRKLAND WA 98033

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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: TRACI S. UMBERGER TREASURER 04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name SCHWARTZ, JEFFREY

Address 3933 LAKE WASHINGTON BLVD NE

SUITE 200

City-State-Zip: KIRKLAND WA 98033