

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005453

**FILED**  
**Mar 25, 2022**  
**Secretary of State**  
**3888035359CC**

**Entity Name:** KESTRA MEDICAL TECHNOLOGY SERVICES, INC.

**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 DIRECTOR  
Name WEBSTER, BRIAN  
Address 3933 LAKE WASHINGTON BLVD NE  
SUITE 200  
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR  
Name UMBERGER, TRACI S.  
Address 3933 LAKE WASHINGTON BLVD NE  
SUITE 200  
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR  
Name GORDON, CHRISTOPHER  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title VP  
Name UMBERGER, TRACI S.  
Address 3933 LAKE WASHINGTON BLVD NE  
SUITE 200  
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR  
Name MISHAN, ORLY  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116-5021

Title PRESIDENT / CEO  
Name WEBSTER, BRIAN  
Address 3933 LAKE WASHINGTON BLVD NE  
SUITE 200  
City-State-Zip: KIRKLAND WA 98033

Title DIRECTOR  
Name DOWNING, NICHOLAS S.  
Address 200 CLARENDON  
City-State-Zip: BOSTON MA 02116

Title TREASURER  
Name UMBERGER, TRACI S.  
Address 3933 LAKE WASHINGTON BLVD NE  
SUITE 200  
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:** UMBERGER , TRACI S.

**TREASURER**

**03/25/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name UMBERGER, TRACI S.  
Address 3933 LAKE WASHINGTON BLVD NE  
SUITE 200  
City-State-Zip: KIRKLAND WA 98033