

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000006250

**Entity Name:** MIRADA MEDICAL USA, INC.

**Current Principal Place of Business:**

1630 WELTON ST STE 927  
DENVER, CO 80202

**Current Mailing Address:**

1630 WELRON ST STE 927  
DENVER, CO 80202

**FEI Number:** 42-1772184

**Certificate of Status Desired:** No

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

PARACORP INCORPORATED  
155 OFFICE PLAZA SR 1 FL  
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            D  
Name            SARAGNESE, EUGENE  
Address        227 WINELAND WAY  
City-State-Zip: STEVENSVILLE MD 21666

Title            DST  
Name            BETTESWORTH, HUGH  
Address        NEW BARCLAY HOUSE 234 BOTLEY  
                  RD  
City-State-Zip: OXFORD OC

Title            P  
Name            DEVRIES, JON  
Address        909 DAVIS ST STE 500  
City-State-Zip: EVANSTON IL 60201

Title            CFO  
Name            GRIFFIN, ANNA  
Address        1630 WELTON ST STE 927  
City-State-Zip: DENVER CO 80202

*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:** ANNA GRIFFIN

**CFO**

**04/30/2024**

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

\_\_\_\_\_  
Date