

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000004534

**Entity Name:** SETPOINT MEDICAL CORPORATION

**Current Principal Place of Business:**

25101 RYE CANYON LOOP  
VALENCIA, CA 91355

**Current Mailing Address:**

25101 RYE CANYON LOOP  
VALENCIA, CA 91355 US

**FEI Number:** 20-4513487

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD #250  
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 SIMHAMBHATLA, MURTHY  
Address 25101 RYE CANYON LOOP  
City-State-Zip: VALENCIA CA 91355

Title CHAIRMAN OF THE BOARD  
Name WILL, ALLAN  
Address 25101 RYE CANYON LOOP  
City-State-Zip: VALENCIA CA 91355

Title DIRECTOR  
Name WILL, ALLAN  
Address 25101 RYE CANYON LOOP  
City-State-Zip: VALENCIA CA 91355

Title PRESIDENT/CEO  
Name SIMHAMBHATLA, MURTHY  
Address 25101 RYE CANYON LOOP  
City-State-Zip: VALENCIA CA 91355

Title TREASURER/CFO  
Name SETH, ROHAN  
Address 25101 RYE CANYON LOOP  
City-State-Zip: VALENCIA CA 91355

Title SECRETARY  
Name SIMHAMBHATLA, MURTHY  
Address 25101 RYE CANYON LOOP  
City-State-Zip: VALENCIA CA 91355

Title OTHER OFFICER  
Name CHERNOFF, DAVID  
Address 25101 RYE CANYON LOOP  
City-State-Zip: VALENCIA CA 91355

*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:** MURTHY SIMHAMBHATLA

**PRESIDENT/CEO**

**04/09/2024**

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

\_\_\_\_\_  
Date