

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000007005

**Entity Name:** ZOMEDICA INC.

**Current Principal Place of Business:**

100 PHOENIX DR, STE 180  
ANN ARBOR, MI 48108

**Current Mailing Address:**

100 PHOENIX DR, STE 180  
ANN ARBOR, MI 48108 US

**FEI Number:** 47-4235266

**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 D  
Name ROWE, JEFFREY  
Address 100 PHOENIX DR, STE 180  
City-State-Zip: ANN ARBOR MI 48108

Title T  
Name COTTER, ANN MARIE  
Address 100 PHOENIX DR, STE 180  
City-State-Zip: ANN ARBOR MI 48108

Title P  
Name HEATON, LARRY  
Address 100 PHOENIX DR, STE 180  
City-State-Zip: ANN ARBOR MI 48108

Title S  
Name DEHAAN-FULLERTON, KAREN  
Address 100 PHOENIX DR, STE 180  
City-State-Zip: ANN ARBOR MI 48108

*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:** KAREN DEHAAN- FULLERTON

**SECRETARY**

**04/12/2023**

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

\_\_\_\_\_  
Date