Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000023807 3)))



H250000238073ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

!SS:				
	ess:	ess:	ess:	BSS1

COR AMND/RESTATE/CORRECT OR O/D RESIGN MERIT MEDICAL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Merit Medical Systems, Inc.
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: F16000004322
3. Jurisdiction of its organization: 4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.") 6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address
City Florida
City Zip Code New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

itle/ Capacity	<u>Name</u>	Signature <u>Address</u>	Type of Action
	See amendments attached		□Add
			□Remo
			□Add
			□Remo
		<u> </u>	□Add
			□Remo
			□Add
			□Remo
		_	DAdd
aforemention	a certificate, if required: no more ned amendment(s), duly authentic under the law of which this entity	ated by the official having custody	of records in the

Filing Fee: \$25.00

Merit Medical Systems, Inc.

Amended Officers / Directors

Remove:

Treft, Jason Chief Technology Officer 1600 W. Merit Pkwy., S. Jordan, UT 84095

Remove:

Knorpp, John Chief Regulatory Affairs Officer 1600 W. Merit Pkwy., S. Jordan, UT 84095

Remove:

Pierce, Joseph Chief Information Officer 1600 W. Merit Pkwy., S. Jordan, UT 84095

Remove:

Priest, MD, Nicole Chief Wellness Officer 1600 W. Merit Pkwy., S. Jordan, UT 84095

Remove:

Hogan, James T. Director 1600 W. Merit Pkwy., S. Jordan, UT 84095

Remove:

Anderson, A. Scott Director 1600 W. Merit Pkwy., S. Jordan, UT 84095

Add:

Silvia M. Perez Director 1600 W. Merit Pkwy., S. Jordan, UT 84095