

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856222

**Entity Name:** SIEMENS MEDICAL SOLUTIONS USA, INC.

**Current Principal Place of Business:**

40 LIBERTY BLVD  
MALVERN, PA 19355

**Current Mailing Address:**

3850 QUADRANGLE BLVD.  
US TAX DEPT, MS AFS 466  
ORLANDO, FL 32817 US

**FEI Number:** 22-2417778

**Certificate of Status Desired:** No

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

CT 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:** HOLLEY RIGG

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, CEO, CHAIRMAN  
Name PACITTI, DAVID  
Address 40 LIBERTY BLVD  
City-State-Zip: MALVERN PA 19355

Title ASST. SECRETARY  
Name OCHITAL, CAROLINE ELAINE  
Address 62 FLANDERS-BARTLEY ROAD  
City-State-Zip: FLANDERS NJ 07836

Title EXECUTIVE VICE PRESIDENT, CFO,  
TREASURER, DIRECTOR  
Name FUNK, SEBASTIAN  
Address 40 LIBERTY BLVD  
City-State-Zip: MALVERN PA 19355

Title DIRECTOR  
Name HUMPTON, BARBARA  
Address 300 NEW JERSEY AVENUE NW  
STE 1000  
City-State-Zip: WASHINGTON DC 20001

Title SENIOR VP, SECRETARY, GENERAL  
COUNSEL  
Name PASELTINER, PHILIP  
Address 40 LIBERTY BLVD  
City-State-Zip: MALVERN PA 19355

*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:** CAROLINE ELAINE OCHITAL

ASSISTANT SECRETARY 05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date