

**2022 FOREIGN PROFIT CORPORATION REINSTATEMENT**

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 AFS466  
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

09/29/2022

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:** DAVID PACITTI

PRESIDENT

09/29/2022

Electronic Signature of Signing Officer/Director Detail

Date