

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001600

**Entity Name:** PERKINELMER HEALTH SCIENCES, INC.

**Current Principal Place of Business:**

940 WINTER STREET  
WALTHAM, MA 02451-1457

**Current Mailing Address:**

940 WINTER STREET  
ATTN: J. HIGGINS  
WALTHAM, MA 02451-1457 US

**FEI Number:** 04-3361624

**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	PRESIDENT	Title	DIRECTOR, VP, SECRETARY
Name	GOLDBERG, JOEL S	Name	HEALY, JOHN L
Address	940 WINTER STREET	Address	940 WINTER STREET
City-State-Zip:	WALTHAM MA 02451-1457	City-State-Zip:	WALTHAM MA 02451-1457
Title	DIRECTOR, TREASURER, VP	Title	VP
Name	OKUN, ANDREW	Name	OLIVER, KEVIN A
Address	940 WINTER STREET	Address	940 WINTER STREET
City-State-Zip:	WALTHAM MA 02451-1457	City-State-Zip:	WALTHAM MA 02451-1457
Title	ASST. SECRETARY	Title	ASST. TREASURER
Name	THOMAS, JENNIFER V.	Name	ABORN, CHRISTOPHER G.
Address	940 WINTER STREET	Address	940 WINTER STREET
City-State-Zip:	WALTHAM MA 02451-1457	City-State-Zip:	WALTHAM MA 02451-1457
Title	ASST. SECRETARY	Title	VP
Name	ALBRECHT, JUDITH A	Name	KEEGAN, KRISTINA F
Address	710 BRIDGEPORT AVE	Address	710 BRIDGEPORT AVE
City-State-Zip:	SHELTON CT 06484-4794	City-State-Zip:	SHELTON CT 06484-4794

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*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:** JOHN L. HEALY

**SECRETARY**

**05/02/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name FLETCHER, ALAN  
Address 68 ELM STREET  
City-State-Zip: HOPKINTON MA 01748

Title ASST. SECRETARY  
Name HURLEY, LISA A.  
Address 68 ELM STREET  
City-State-Zip: HOPKINTON MA 01748

Title VP  
Name MADDEN, KAREN  
Address 940 WINTER STREET  
City-State-Zip: WALTHAM MA 02451-1457

Title ASSISTANT SECRETARY  
Name WOODS, BRANDON  
Address 710 BRIDGEPORT AVENUE  
City-State-Zip: SHELTON CT 06484

Title VP  
Name MARTINEZ, FELIX N.  
Address 940 WINTER STREET  
City-State-Zip: WALTHAM MA 02451-1457

Title VP  
Name LESOWITZ, JACQUELINE  
Address 710 BRIDGEPORT AVE.  
City-State-Zip: SHELTON CT 06484

Title VP  
Name VILDZIUS, GINTAS I.  
Address 940 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title VP  
Name DENNEWITZ, LEEANN L.  
Address 940 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title ASST. SECRETARY  
Name SHOJI-SINKUS, DEBRA K.  
Address 68 ELM STREET  
City-State-Zip: HOPKINTON MA 01748

Title ASSISTANT SECRETARY  
Name LEVIN, JONATHAN  
Address 940 WINTER STREET  
City-State-Zip: WALTHAM MA 02451-1457

Title VP  
Name LUCK, JOHN S.  
Address 940 WINTER STREET  
City-State-Zip: WALTHAM MA 02451-1457

Title ASSISTANT SECRETARY  
Name HARRINGTON, KAREN A.  
Address 710 BRIDGEPORT AVENUE  
City-State-Zip: SHELTON CT 06484-4750

Title VP  
Name THOMAS, JENNY L.  
Address 940 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title VP  
Name KOTHANDARAMAN, ARVIND  
Address 7050 BURLESON RD  
City-State-Zip: AUSTIN TX 78744