2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005887

Entity Name: AGILITI HEALTH, INC.

Current Principal Place of Business:

6625 W. 78TH ST. SUITE 300

MINNEAPOLIS, MN 55439

Current Mailing Address:

6625 W. 78TH ST.

SUITE 300

MINNEAPOLIS, MN 55439 US

FEI Number: 41-0760940 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 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: NRAI SERVICES, INC. 01/13/2020

Electronic Signature of Registered Agent

Date

FILED Jan 13, 2020

Secretary of State

2740002867CC

Officer/Director Detail:

Title CEO Title DIRECTOR

Name LEONARD, TOM Name WORKMAN, JOHN Address 6625 W. 78TH ST. Address 6625 W. 78TH ST. SUITE 300

SUITE 300

MINNEAPOLIS MN 55439 MINNEAPOLIS MN 55439 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title SECRETARY NEUMANN, LEE Name BELL, MICHAEL Name 6625 W. 78TH ST. 6625 W. 78TH ST. Address Address

SUITE 300

SUITE 300

MINNEAPOLIS MN 55439 MINNEAPOLIS MN 55439 City-State-Zip: City-State-Zip:

Title **TREASURER** Title DIRECTOR

MCCABE, MATT GARY, GOTTLIEB Name Name 6625 W. 78TH ST. 6625 W. 78TH ST. Address Address

SUITE 300 SUITE 300

MINNEAPOLIS MN 55439 City-State-Zip: City-State-Zip: MINNEAPOLIS MN 55439

Title **CFO** Title

Name PEKAREK, JAMES Name CHRISTENSEN, SCOTT

Address 6625 W. 78TH ST. Address 6625 W. 78TH ST. SUITE 300 SUITE 300

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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.

01/13/2020 SIGNATURE: LEE NEUMANN SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

Name PREINER, MEGAN Name SCOTT, SPERLING 6625 W. 78TH ST. 6625 W. 78TH ST. Address Address

SUITE 300 SUITE 300

City-State-Zip: MINNEAPOLIS MN 55439 City-State-Zip: MINNEAPOLIS MN 55439

PRESIDENT Title **DIRECTOR** Title Name NELSON, JOSHUA Name KETZEL, KEVIN Address 6625 W. 78TH ST. Address 6625 W. 78TH ST.

SUITE 300 SUITE 300

City-State-Zip: MINNEAPOLIS MN 55439 City-State-Zip: MINNEAPOLIS MN 55439