

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005887

Entity Name: AGILITI HEALTH, INC.**Current Principal Place of Business:**11095 VIKING DRIVE
EDEN PRAIRIE, MN 55344**Current Mailing Address:**11095 VIKING DRIVE
EDEN PRAIRIE, MN 55344 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.

02/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN OF THE BOARD
Name WORKMAN, JOHN
Address 11095 VIKING DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name BELL, MICHAEL
Address 11095 VIKING DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

Title SECRETARY
Name NEUMANN, LEE
Address 11095 VIKING DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

Title TREASURER
Name MCCABE, MATT
Address 11095 VIKING DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name GARY, GOTTLIEB
Address 11095 VIKING DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

Title PRESIDENT
Name BOEHNING, TOM
Address 11095 VIKING DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR
Name LEONARD, TOM
Address 11095 VIKING DRIVE
City-State-Zip: EDEN PRAIRIE MN 55344

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: NEUMANN, LEE**SECRETARY**

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date