

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005187

Entity Name: UPMC BIOTRONICS INC. - FLORIDA**Current Principal Place of Business:**1020 MADISON AVENUE
PITTSBURGH, PA 15212**Current Mailing Address:**UPMC CORPORATE LEGAL DEPARTMENT
US STEEL TOWER - 57TH FLOOR
PITTSBURGH, PA 15219**FEI Number:** 25-1843500**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	BRODINE, DEBORAH
Address	3600 FORBES AVENUE FORBES TOWER SUITE 10055
City-State-Zip:	PITTSBURGH PA 15213

Title	TREASURER, DIRECTOR
Name	SHAFFER, JEROME
Address	3600 FORBES AVENUE FORBES TOWER SUITE 10055
City-State-Zip:	PITTSBURGH PA 15213

Title	VP
Name	DYGA, ROBERT
Address	1020 MADISON AVENUE
City-State-Zip:	PITTSBURGH PA 15212

Title	SECRETARY, DIRECTOR
Name	WESLEY, BRYANT
Address	UPMC CORPORATE LEGAL DEPARTMENT US STEEL TOWER - 57TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	PRESIDENT
Name	WINOWICH, STEVE
Address	UPMC CORPORATE LEGAL DEPARTMENT US STEEL TOWER - 57TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

Title	DIRECTOR
Name	FLAHERTY, PATRICK
Address	600 GRANT STREET US STEEL TOWER, 59TH FLOOR
City-State-Zip:	PITTSBURGH PA 15219

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: STEVE WINOWICH**PRESIDENT****04/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date