

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003881

Entity Name: BIOMED PA (PENNSYLVANIA), INC.**Current Principal Place of Business:**11 TRAFALGAR SQUAR
SUITE 101
NASHUA,, NH 03063**Current Mailing Address:**11 TRAFALGAR SQUAR
SUITE 101
NASHUA,, NH 03063 US**FEI Number: 26-0377306****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32321 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	SCHWARTZ, BRIAN D
Address	950 CALCON HOOK ROAD SUITE 15
City-State-Zip:	SHARON HILL PA 19079

Title	DIRECTOR
Name	MCCONNELL, PAUL
Address	950 CALCON HOOK ROAD SUITE 15
City-State-Zip:	SHARON HILL PA 19079

Title	DIRECTOR
Name	ROGOFF, ERIC Y
Address	950 CALCON HOOK ROAD SUITE 15
City-State-Zip:	SHARON HILL PA 19079

Title	DIRECTOR
Name	RAFIQI, MIRIAM R
Address	950 CALCON HOOK ROAD SUITE 15
City-State-Zip:	SHARON HILL PA 19079

Title	SECRETARY, TREASURER
Name	GINZLER, JOHN
Address	11 TRAFALGAR SQUAR SUITE 200
City-State-Zip:	NASHUA, NH 03063

Title	CEO, PRESIDENT
Name	WALK, ANDREW C
Address	7850 COLLIN MCKINNEY PKWY SUITE 101
City-State-Zip:	MCKINNEY TX 75070

Title	DIRECTOR
Name	VOLLMER, CRAIG J
Address	7850 COLLIN MCKINNEY PARKWAY SUITE 101
City-State-Zip:	MCKINNEY TX 75070

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 P. GINZLER**SECRETARY****01/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date