

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000275

Entity Name: CANON MEDICAL INFORMATICS, INC.**Current Principal Place of Business:**5850 OPUS PKWY #300
MINNETONKA, MN 55343-4414**Current Mailing Address:**5850 OPUS PKWY #300
MINNETONKA, MN 55343-4414**FEI Number:** 42-1321776**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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	DIRECTOR, OFFICER
Name	TAKIGUCHI, TOSHIO
Address	5850 OPUS PKWY #300
City-State-Zip:	MINNETONKA MN 55343-4414

Title	CFO, SECRETARY
Name	THORVILSON, RYAN
Address	5850 OPUS PKWY #300
City-State-Zip:	MINNETONKA MN 55343-4414

Title	PRESIDENT, CEO, DIRECTOR
Name	LITTERER, JIM
Address	5850 OPUS PKWY #300
City-State-Zip:	MINNETONKA MN 55343-4414

Title	DIRECTOR
Name	TAGUCHI, WATARU
Address	5850 OPUS PKWY #300
City-State-Zip:	MINNETONKA MN 55343-4414

Title	DIRECTOR
Name	SAKAMITSU, YOSHIYUKI
Address	5850 OPUS PKWY #300
City-State-Zip:	MINNETONKA MN 55343-4414

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: RYAN THORVILSON

CFO

03/15/2022

Electronic Signature of Signing Officer/Director Detail_____
Date