

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004668

**Entity Name:** FLOWCARDIA, INC.**Current Principal Place of Business:**1 BECTON DRIVE  
FRANKLIN LAKES, NJ 07417**Current Mailing Address:**1 BECTON DRIVE  
FRANKLIN LAKES, NJ 07417 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            O'BRIEN, PADRAIC  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            VP  
Name            SPOEREL, THOMAS  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            VICE PRESIDENT & SECRETARY  
Name            DEFAZIO, GARY  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            DIRECTOR  
Name            LASALA, JOSEPH  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            VICE PRESIDENT & TREASURER  
Name            RODETIS, GREG  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            VP  
Name            RITTMAN, SCOTT J.  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            VP  
Name            SEGRETO, ANTOINETTE  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

Title            DIRECTOR  
Name            DEFAZIO, GARY  
Address        1 BECTON DRIVE  
City-State-Zip: FRANKLIN LAKES NJ 07417

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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.*

**SIGNATURE:** GARY DEFAZIOVICE PRESIDENT &  
SECRETARY

04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                BEDNO, REBECCA  
Address             1 BECTON DRIVE  
City-State-Zip:   FRANKLIN LAKES NJ 07417

Title                 ASSISTANT SECRETARY  
Name                LASALA, JOSEPH  
Address             1 BECTON DRIVE  
City-State-Zip:   FRANKLIN LAKES NJ 07417

Title                 ASSISTANT TREASURER  
Name                FROST, LAURA  
Address             1 BECTON DRIVE  
City-State-Zip:   FRANKLIN LAKES NJ 07417