

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000274

**FILED**  
**Apr 12, 2015**  
**Secretary of State**  
**CC9872252775**

**Entity Name:** GRIFOLS SHARED SERVICES NORTH AMERICA, INC.

**Current Principal Place of Business:**

2410 LILLYVALE AVE  
LOS ANGELES, CA 90032

**Current Mailing Address:**

2410 LILLYVALE AVE  
LOS ANGELES, CA 90032 US

**FEI Number: 20-2533768**

**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 CEO, DIRECTOR  
Name RICH , GREGORY G.  
Address 2410 LILLYVALE AVE  
City-State-Zip: LOS ANGELES CA 90032

Title SECRETARY  
Name GRIFOLS , RAIMON  
Address 2410 LILLYVALE AVE  
City-State-Zip: LOS ANGELES CA 90032

Title ASST. SECRETARY  
Name PIERCE , DAVID  
Address 2410 LILLYVALE AVE  
City-State-Zip: LOS ANGELES CA 90032

Title VP, DIRECTOR  
Name BELL , DAVID I.  
Address 2410 LILLYVALE AVE  
City-State-Zip: LOS ANGELES CA 90032

Title DIRECTOR  
Name PASCUAL , MIQUEL  
Address 2410 LILLYVALE AVE  
City-State-Zip: LOS ANGELES CA 90032

*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: DAVID PIERCE**

**ASSISTANT SECRETARY 04/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date