

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000274

**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           DIRECTOR  
Name           HEALEY, CHRIS  
Address        1717 PENNSYLVANIA AVENUE NW  
City-State-Zip: WASHINGTON DC 20006

Title           PRESIDENT  
Name           HEALEY, CHRIS  
Address        2410 LILLYVALE AVE  
City-State-Zip: LOS ANGELES CA 90032

Title           DIRECTOR  
Name           PASCUAL, MIQUEL  
Address        PARC EMPRESARIAL CAN SANT  
                  JOAN  
                  AVENIDA DE LA GENERALITAT, 152 -  
                  158  
City-State-Zip: SAN CUGAT SPAIN 08174

Title           VICE PRESIDENT & CHIEF FINANCIAL  
                  OFFICER  
Name           DE BROUWER, MAXIME P.  
Address        2410 LILLYVALE AVE  
City-State-Zip: LOS ANGELES CA 90032

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

Title           DIRECTOR  
Name           BELL, DAVID I.  
Address        PARC EMPRESARIAL CAN SANT  
                  JOAN  
                  AVENIDA DE LA GENERALITAT, 152 -  
                  158  
City-State-Zip: SAN CUGAT SPAIN 08174

*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**

**SECRETARY**

**04/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date