

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000637

Entity Name: TORAX MEDICAL, INC.

Current Principal Place of Business:

4188 LEXINGTON AVENUE NORTH
SHOREVIEW, MN 55126

Current Mailing Address:

4188 LEXINGTON AVENUE NORTH
SHOREVIEW, MN 55126 US

FEI Number: 71-0907969

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 MILLS, TIMOTHY
Address 4188 LEXINGTON AVENUE NORTH
City-State-Zip: SHOREVIEW MN 55126

Title DIRECTOR
Name LARSEN, CHARLES E
Address 4188 LEXINGTON AVENUE NORTH
City-State-Zip: SHOREVIEW MN 55126

Title DIRECTOR
Name GRANT, CHRIS
Address 4188 LEXINGTON AVENUE NORTH
City-State-Zip: SHOREVIEW MN 55126

Title SECRETARY
Name KAUFMAN, WILLIAM
Address 4188 LEXINGTON AVENUE NORTH
City-State-Zip: SHOREVIEW MN 55126

Title PRESIDENT, DIRECTOR
Name BERG, TODD
Address 4188 LEXINGTON AVENUE NORTH
City-State-Zip: SHOREVIEW MN 55126

Title CFO
Name MOWER, BRIAN I
Address 4188 LEXINGTON AVENUE NORTH
City-State-Zip: SHOREVIEW MN 55126

Title DIRECTOR
Name THOMAS, JAMES
Address 4188 LEXINGTON AVENUE NORTH
City-State-Zip: SHOREVIEW MN 55126

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: BRIAN I MOWER

CFO

04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date