

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000637

Entity Name: TORAX MEDICAL, INC.

Current Principal Place of Business:

4545 CREEK ROAD
CINCINNATI, OH 45242

Current Mailing Address:

4545 CREEK ROAD
CINCINNATI, OH 45242 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 PRESIDENT
Name MAKKAR, SANDEEP
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title VP
Name KOORS, RYAN C
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title TREASURER
Name KOORS, RYAN C
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title SECRETARY
Name SPELLMAN, THOMAS J III
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name BLAZER, MARCI A
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name CHONTOFALSKY, CLAIRE
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name COLETTI, PAUL A
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name DENTON, JOHN
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

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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: THOMAS J SPELLMAN III

SECRETARY

04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name GEIER, KRISTI
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name LAWRENCE, ALYSON
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name MCFALLS, LAURA H
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name MCKEEHAN, ROBERT
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name MROZ, DENISE I
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR
Name MAKKAR, SANDEEP
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name GREER, BRANDON
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name MCDONALD, DAVID
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name MCILHINNEY, JOHN M
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name MORENO, VICTOR
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title ASSISTANT SECRETARY
Name PEREZ LOPEZ, CAROLINA
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242

Title DIRECTOR
Name SPELLMAN, THOMAS J III
Address 4545 CREEK ROAD
City-State-Zip: CINCINNATI OH 45242