

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000637

Entity Name: TORAX MEDICAL, INC.

Current Principal Place of Business:

4188 LEXINGTON AVENUE
SHOREVIEW, MN 55126

Current Mailing Address:

4188 LEXINGTON AVENUE
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 THOMAS A, O'BRIEN
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title DIRECTOR
Name SALERNO,, SANDRA
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title PRESIDENT
Name THOMAS A, O'BRIEN
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title TREASURER, VP
Name KOORS, RYAN C
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name ADHOLA, PINTO
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name BLAZER, MARCI A
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name BORUP,, SCOTT
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name BRUTUS, , RENEE
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

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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: DOROTHY CORBETT

SECRETARY

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name CHONTOFALSKY, CLAIRE E
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY, DIRECTOR, SECRETARY
Name CORBETT, DOROTHY
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name GARNER, DEAN
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name GREER, BRANDON
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name LAWRENCE, , ALYSON
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name MCILHINNEY,, JOHN M
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name MROZ, DENISE I
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name COLETTI, , PAUL A
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name DELSORDO, STEPHEN E
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name GEIER, KRISTI S
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name LARKINS, , MARC
Address 4188 LEXINGTON AVENUE
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Title ASST. SECRETARY
Name MCDONALD,, DAVID
Address 4188 LEXINGTON AVENUE
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Title ASST. SECRETARY
Name MORENO, VICTOR
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126

Title ASST. SECRETARY
Name PEREZ LOPEZ, CAROLINA
Address 4188 LEXINGTON AVENUE
City-State-Zip: SHOREVIEW MN 55126