

**2015 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, CHAIRMAN  
Name MILLS, TIMOTHY PH.D  
Address 4188 LEXINGTON AVENUE NORTH  
City-State-Zip: SHOREVIEW MN 55126

Title DIRECTOR  
Name MCKERNEY, PETE  
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 TREASURER  
Name MOWER, BRIAN I  
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**

**04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date