

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000673

Entity Name: ROCKWELL MEDICAL, INC.

Current Principal Place of Business:

30142 S. WIXOM ROAD
WIXOM, MI 48393

Current Mailing Address:

30142 S. WIXOM ROAD
WIXOM, MI 48393

FEI Number: 38-3317208

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 P, CEO
Name RUSSELL, ELLISON
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title CFO
Name RUSSELL, SKIBSTED
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title CHIEF DEVELOPMENT OFFICER
Name PRATT, RAYMOND D MD
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title CHIEF MEDICAL OFFICER
Name MARC, HOFFMAN MD
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title CHAIRMAN
Name JOHN, MCLAUGHLIN
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title DIRECTOR
Name COOPER, JOHN
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title DIRECTOR
Name ALLEN, NISSENSON DR.
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title DIRECTOR
Name RAVICH, MARK
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

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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: DAVID KULL

**TREASURER, DIVISIONAL 02/23/2022
CONTROLLER**

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANDREA, SMILEY
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title DIRECTOR
Name ROBERT, RADIE
Address 30142 S. WIXOM RD
City-State-Zip: WIXOM MI 48393

Title SECRETARY
Name TIMMINS, MEGAN
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title PRINCIPAL ACCOUNTING OFFICER
Name MCGARRY, PAUL E
Address 30142 S. WIXOM ROAD
City-State-Zip: WIXOM MI 48393

Title TREASURER
Name DAVID, KULL
Address 30142 S. WIXOM RD.
City-State-Zip: WIXOM MI 48393