

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000114

**FILED  
Apr 17, 2020  
Secretary of State  
8030959901CC**

**Entity Name:** CHECKPOINT SURGICAL, INC.

**Current Principal Place of Business:**

22901 MILLCREEK BLVD  
SUITE 360  
CLEVELAND, OH 44122

**Current Mailing Address:**

22901 MILLCREEK BLVD  
SUITE 360  
CLEVELAND, OH 44122 US

**FEI Number:** 47-5405672

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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 CHAIRMAN  
Name THORPE, GEOFFREY B  
Address 22901 MILLCREEK BLVD, SUITE 110  
City-State-Zip: CLEVELAND OH 44122

Title PRESIDENT, CEO & ASST.  
SECRETARY  
Name CONENTINO, LEONARD M  
Address 22901 MILLCREEK BLVD, SUITE 110  
City-State-Zip: CLEVELAND OH 44122

Title D  
Name MARSHBANKS, TRACY  
Address 1 S WACKER DRIVE, SUITE 3900  
City-State-Zip: CHICAGO IL 60606

Title SECRETARY  
Name HUBBARD, DONALD B  
Address 22901 MILLCREEK BLVD, SUITE 110  
City-State-Zip: CLEVELAND OH 44122

Title VP  
Name SCANLAN, KEVIN M  
Address 22901 MILLCREEK BLVD, SUITE 110  
City-State-Zip: CLEVELAND OH 44122

Title CHIEF FINANCIAL OFFICER &  
TREASURER  
Name KECK, LAURA  
Address 22901 MILLCREEK BLVD, SUITE 110  
City-State-Zip: CLEVELAND OH 44122

Title DIRECTOR  
Name RACKLEY, RAYMOND MD  
Address 3199 FALMOUTH RD  
City-State-Zip: SHAKER HEIGHTS OH 44122

Title DIRECTOR  
Name WALLACE, WAYNE  
Address 1290 BASSETT RD., #7  
City-State-Zip: WESTLAKE OH 44145

**Continues on page 2**

*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:** LAURA KECK

**TREASURER**

**04/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT OPERATIONS AND R&D  
Name LEWIS, DEREK  
Address 22901 MILLCREEK BLVD., STE 360  
City-State-Zip: CLEVELAND OH 44122

Title VICE PRESIDENT SALES  
Name DIBLASI, RICHARD  
Address 22901 MILLCREEK BLVD., STE 360  
City-State-Zip: CLEVELAND OH 44122

Title DIRECTOR  
Name CHUISANO, MICHAEL  
Address 3520 BYRON DRIVE, STE A  
City-State-Zip: DOYLESTOWN PA 18902