

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004928

Entity Name: EMBOLX, INC.**Current Principal Place of Business:**530 LAKESIDE DRIVE SUITE 200
SUNNYVALE, CA 94085**Current Mailing Address:**530 LAKESIDE DRIVE SUITE 200
SUNNYVALE, CA 94085 US**FEI Number:** 30-0790974**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR SUITE A
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	C
Name	GITIS, NORM
Address	530 LAKESIDE DRIVE SUITE 200
City-State-Zip:	SUNNYVALE CA 94085

Title	VCP
Name	ALLEN, MICHAEL
Address	530 LAKESIDE DRIVE SUITE 200
City-State-Zip:	SUNNYVALE CA 94085

Title	D
Name	ROGAN, PAUL
Address	530 LAKESIDE DRIVE SUITE 200
City-State-Zip:	SUNNYVALE CA 94085

Title	DS
Name	GRILLO, FRANK
Address	530 LAKESIDE DRIVE SUITE 200
City-State-Zip:	SUNNYVALE CA 94085

Title	D
Name	CORRIGAN, ERIK
Address	530 LAKESIDE DRIVE SUITE 200
City-State-Zip:	SUNNYVALE CA 94085

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: MICHAEL ALLEN**CEO****05/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date