

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000005322

**Entity Name:** PROFOUND MEDICAL (U.S.) INC.

**Current Principal Place of Business:**

28430 ALTESSA WAY, UNIT 104  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

2400 SKYMARK AVE.  
UNIT 6  
MISSISSAUGA, ONTARIO L4W5K5 CA

**FEI Number:** 35-2549788

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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/PRES  
Name MENAWAT, ARUN  
Address 28430 ALTESSA WAY, UNIT 104  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIR/TREA  
Name DEWAN, RASHED  
Address 2400 SKYMARK AVENUE, #6  
City-State-Zip: MISSISSAUGA

Title DIR/SEC  
Name DAVIDSON, AARON  
Address 2400 SKYMARK AVENUE, #6  
City-State-Zip: MISSISSAUGA

*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:** RASHED DEWAN

VP FINANCE

02/11/2021

Electronic Signature of Signing Officer/Director Detail

Date