

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23918

Entity Name: TOSHIBA AMERICA MEDICAL SYSTEMS, INC.**Current Principal Place of Business:**2441 MICHELLE DRIVE
TUSTIN, CA 92780**Current Mailing Address:**2441 MICHELLE DRIVE
TUSTIN, CA 92780 US**FEI Number:** 68-0178440**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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	VP CFO	Title	SECRETARY, CHAIRMAN, DIRECTOR
Name	PATTERSON, JOHN	Name	FRIEDBERG, FREDRIC J
Address	2441 MICHELLE DRIVE	Address	2441 MICHELLE DR.
City-State-Zip:	TUSTIN CA 92780	City-State-Zip:	TUSTIN CA 92781
Title	D	Title	P,D
Name	OSUMI, MASA AKI	Name	FOWLER, DONALD
Address	1251 AVE. OF THE AMERICAS, 41ST FLOOR	Address	2441 MICHELLE DR
City-State-Zip:	NEW YORK CITY NY 10020	City-State-Zip:	TUSTIN CA 92781
Title	D	Title	SVP, DIRECTOR
Name	TSUNAKAWA, SATOSHI	Name	YAMAMOTO, SHUZO
Address	1385, SHIMOISHIGAMI	Address	2441 MICHELLE DRIVE
City-State-Zip:	OTAWARA TOCHIGI 324-8550	City-State-Zip:	TUSTIN CA 92780
Title	DIRECTOR		
Name	TANAKA, KEIJI		
Address	1385, SHIMOISHIGAMI		
City-State-Zip:	OTAWARA TOCHIGI 324-8550		

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: JOHN PATTERSON

VP/CFO

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date