

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004713

Entity Name: GALIL MEDICAL INC.**Current Principal Place of Business:**4364 ROUND LAKE RD
ARDEN HILLS, MN 55112**Current Mailing Address:**4364 ROUND LAKE RD
ARDEN HILLS, MN 55112**FEI Number:** 20-3916556**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	SECRETARY
Name	MATTIS, VALERIE
Address	300 CONSHOHOCKEN STATE ROAD 300 FOUR FALLS CORPORATE CENTER SUITE 300
City-State-Zip:	WEST CONSHOHOCKEN PA 19428

Title	TREASURER
Name	GUT, JONATHON
Address	4364 ROUND LAKE RD
City-State-Zip:	ARDEN HILLS MN 55112

Title	DIRECTOR
Name	JONATHAN , MONSON R
Address	4364 ROUND LAKE RD
City-State-Zip:	ARDEN HILLS MN 55112

Title	PRESIDENT, VP
Name	PLENTL, MARIA
Address	4364 ROUND LAKE RD
City-State-Zip:	ARDEN HILLS MN 55112
Title	DIRECTOR
Name	BROWN, VANCE R
Address	4364 ROUND LAKE RD
City-State-Zip:	ARDEN HILLS MN 55112

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: JONATHON GUT**TREASURER****04/23/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date