

**2017 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 VP  
Name HAYDEN, LISA  
Address 4364 ROUND LAKE RD  
City-State-Zip: ARDEN HILLS MN 55112

Title SECRETARY  
Name MATTIS, VALERIE  
Address 300 BARR HARBOR DR  
City-State-Zip: CONSHOHOCKEN PA 19428

Title PRESIDENT  
Name PUGH, KEN  
Address 300 BARR HARBOR DR  
City-State-Zip: CONSHOHOCKEN PA 19428

Title VP  
Name VALLAPUREDDY, VINEEL  
Address 4364 ROUND LAKE RD  
City-State-Zip: ARDEN HILLS MN 55112

Title TREASURER  
Name WURSTER, JULIE  
Address 300 BARR HARBOR DR  
City-State-Zip: CONSHOHOCKEN PA 19428

*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:** VINEEL VALLAPUREDDY

**VICE PRESIDENT**

**02/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date