

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004113

**Entity Name:** BARD PERIPHERAL VASCULAR, INC.

**Current Principal Place of Business:**

850 WEST RIO SALADO PARKWAY  
TEMPE, AZ 85281

**Current Mailing Address:**

850 WEST RIO SALADO PARKWAY  
TEMPE, AZ 85281 US

**FEI Number:** 86-0290297

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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            PRESIDENT  
Name            O'BRIEN, PADRAIC  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title            VICE PRESIDENT & TREASURER  
Name            RODETIS, GREG  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title            VP  
Name            SPOEREL, THOMAS  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title            VP  
Name            RITTMAN, SCOTT J.  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title            VICE PRESIDENT & SECRETARY  
Name            DEFAZIO, GARY  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title            VP  
Name            SEGRETO, ANTOINETTE  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title            DIRECTOR  
Name            LASALA, JOSEPH  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title            DIRECTOR  
Name            DEFAZIO, GARY  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

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*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: SPOEREL THOMAS**

**VICE PRESIDENT**

**03/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RAPPAPORT, ADAM  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title           ASSISTANT TREASURER  
Name           FROST, LAURA  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281

Title           ASSISTANT SECRETARY  
Name           LASALA, JOSEPH  
Address        850 WEST RIO SALADO PARKWAY  
City-State-Zip: TEMPE AZ 85281