



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000994415

2. Name of Corporation Halyard Health, Inc.

3. Street Address Principal Business Office:

No. and Street: 5405 WINDWARD PARKWAY

City or Town: ALPHARETTA

State: GA Zip: 30004 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

Operating Company - Healthcare

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	DAVID F. CRAWFORD	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
SECRETARY	S. ROSS MANSBACH	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
CEO	ROBERT E. ABERNATHY	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	GARY D. BLACKFORD	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	JOHN P. BYRNES	5405 WINDWARD PARKWAY

		ALPHARETTA, GA 30004 USA
DIRECTOR	RONALD W. DOLLENS	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	HEIDI K. FIELDS	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	WILLIAM HAWKINS	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	PATRICK J. O'LEARY	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	MARIA SAINZ	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	JULIE SHIMER	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA
DIRECTOR	ROBERT E. ABERNATHY	5405 WINDWARD PARKWAY ALPHARETTA, GA 30004 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	1,000.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 8 Day of February, 2016 at 9:46:48 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHELLE DONATO  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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