Edwards

A QUIEN CORRESPONDA

DECLARACIÓN

Edwards Lifesciences LLC, con sus oficinas registradas en Irvine, California, E.E.U.U., certifica que la empresa Edwards Lifesciences Colombia S.A.S., NIT 900.618.831-2, es nuestro representante e importador exclusivo, y como tal está facultado para tramitar los registros sanitarios, modificaciones y trámites relacionados a los mismos y ofrecer en venta en Colombia todos los productos comercializados bajo la marca Edwards y/o Edwards Lifesciences, así como sus accesorios y repuestos, fabricados por Edwards Lifesciences LLC o sus empresas afiliadas.

Que en consecuencia, Edwards Lifesciences Colombia S.A.S., está autorizada para participar en licitaciones públicas y privadas, presentar propuestas, instalar, dar servicio y tramitar pedidos en nuestro nombre.

A los 9 días del mes de Octubre de 2025 se expide la presente para todos los efectos a que haya lugar.

Con validez hasta 8 de Octubre de 2027.

Linda Park
Vicepresidente Sénior, Asesor General y Secretario Adjunto

TO WHOM IT MAY CONCERN,

DECLARATION

Edwards Lifesciences LLC, is located in its corporate office in Irvine, California, USA, certifies that Edwards Lifesciences Colombia S.A.S., NIT 900.618.831-2, is its exclusive distributor and importer, and as such is empowered to obtain sanitary registrations, make amendments and other processes related to them and to offer and sell in Colombia all products under the Edwards brand name and/or Edwards Lifesciences brand, including accessories and spare parts, manufactured by Edwards Lifesciences LLC or any of its affiliate companies.

Therefore, Edwards Lifesciences Colombia S.A.S. is authorized to participate in public and private bids or tenders that can turn into proposals, installation services and obtaining orders in the Edwards name and its representative.

As of the 9th day of October 2025 the certification herein is granted for any and all legal effects.

Valid until October 8, 2027.

Linda Park
Senior Vice President, Associate General Counsel & Secretary

State of California
Secretary of State

This Certificate is not valid for use anywhere within the United States of America, its territories or possessions.

APOSTILLE
(Convention de La Haye du 5 octobre 1961)

1. Country: Pays / País:	United States of America
This public document Le présent acte public / El presente documento público	
2. has been signed by a été signé par ha sido firmado por	*Mona Salama*
3. acting in the capacity of agissant en qualité de quien actúa en calidad de	*Notary Public, State of California*
4. bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	*Mona Salama , Notary Public, State of California*

Certified
Attesté / Certificado

5. at à / en	Sacramento, California	**6. the** le / el día	*14th day of October 2025*
7. by par / por	Secretary of State, State of California		
8. N° sous n° bajo el número	*24298*		
9. Seal / stamp: Sceau / timbre: Sello / timbre:		**10. Signature:** Signature: Firma:	

This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.
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CALIFORNIA ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange }

On October 9, 2025 before me, Mona Salama, Notary Public,
Date *Here Insert Name and Title of the Officer*

personally appeared Linda Park
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

MONA SALAMA
Notary Public - California
Orange County
Commission # 2450209
My Comm. Expires Jul 10, 2027

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Declaration

Document Date: October 9, 2025 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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