

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021597

**Entity Name:** BSN MEDICAL LATIN AMERICA LLC**Current Principal Place of Business:**20283 STATE ROAD 7  
SUITE 300  
BOCA RATON, FL 33498**Current Mailing Address:**20283 STATE ROAD 7  
SUITE 300  
BOCA RATON, FL 33498**FEI Number:** 06-1646305**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENDIVE & GARCIA, LLC  
250 CATALONIA AVENUE  
SUITE 705  
CORAL GABLES, FL 33134 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:** ANGEL P GARCIA, MANAGER

04/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name ESPARZA DIAZ, JUAN CARLOS  
Address JAVIER BARROS SIERRA 555 5TH  
FLOOR  
SANTA FE  
City-State-Zip: MEXICO 01210

Title MANAGER  
Name BAQUERO VARGAS, CLAUDIA  
PATRICIA  
Address CARRERA 36 NO. 13-451  
City-State-Zip: ACOPI YUMBO

Title MANAGER  
Name HALL, DAVID  
Address APARTMENT 3 BRANDESBURTON  
HALL  
REDWOOD DRIVE BRANDESBURTON  
City-State-Zip: DRIFFIELD EAST RIDING OF  
YORKSHIRE Y025 8UJ

Title MANAGER  
Name CANTOR CORTES, PAOLA LILIANA  
Address CALLE 90 #19C - 74 PISO 3  
City-State-Zip: BOGOTA

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID HALL

MANAGER

04/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date