

**2013 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:**

TOBIN & REYES, P.A.  
ATTN: DAVID S. TOBIN ESQ.  
5355 TOWN CENTER ROAD, STE. 204  
BOCA RATON, FL 33486 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

**Authorized Person(s) Detail :**

Title MGR  
Name BALL, ROBERTO JMGR  
Address 20283 STATE ROAD 7, SUITE 300  
City-State-Zip: BOCA RATON FL 33498

Title MGR  
Name BROWN, STEVE MGR  
Address QUICKBORNSTRASSE 24  
City-State-Zip: HAMBURG HR D-202-53

Title MGR  
Name DAVIES, ALEX JMGR  
Address 5825 CARNEGIE BLVD  
City-State-Zip: CHARLOTTE NC 28209

Title MGR  
Name KORTE, ERIK MGR  
Address QUICKBORNSTRASSE 24  
City-State-Zip: HAMBURG HR D-202-53

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERTO BALL

MGR

04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date