

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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

07/16/2018

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	HALL, DAVID
Address	APARTMENT 3 BRANDESBURTON HALL REDWOOD DRIVE BRANDESBURTON
City-State-Zip:	DRIFFIELD EAST RIDING OF YORKSHIRE YO25 8UJ

Title	MANAGER
Name	ECHEVERRI MOLINA, JUAN PABLO
Address	CALLE 90 # 19C-74 PISO 3
City-State-Zip:	BOGOTA
Title	MANAGER
Name	BAQUERO VARGAS, CLAUDIA PATRICIA
Address	CARRERA 36 NO. 13-451
City-State-Zip:	ACOPI YUMBO

*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

07/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date