

2018 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

01/25/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	VIDAL, LUIS C
Address	AV. KENNEDY 5735, ED. MARRIOTT TORRE PONIENTE OF. 1401, PISO 14
City-State-Zip:	LAS CONDES SANTIAGO
Title	CHAIRMAN, MANAGER
Name	OPPITZ, NORBERT
Address	BLVD. ADOLFO LOPEZ MATEOS NO. 276 COL. ALTAVISTA DEL. ALVARO OBREGON
City-State-Zip:	MEXICO D.F. 01060

Title	MANAGER
Name	USECHE, SAULO
Address	AVE. FRANCISCO DE MIRANDA, ESQ. CON AV. EL PARQUE TOREE COUNTRY CLUB PISO 5 CHACAO
City-State-Zip:	CARACAS 1060
Title	MANAGER
Name	CARPINELLI, JOSEPH
Address	5825 CARNEGIE BLVD.
City-State-Zip:	CHARLOTTE NC 28209

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: LUIS C VIDAL

MANAGER

01/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date