

**2017 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

01/25/2017

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

01/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date