

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112772

Entity Name: ORTHOFLEX MEDICAL LLC

Current Principal Place of Business:

650 WEST AVENUE
SUITE 3106
MIAMI BEACH, FL 33139

Current Mailing Address:

650 WEST AVENUE
SUITE 3106
MIAMI BEACH, FL 33139 US

FEI Number: 27-1389574

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEHASSI, OHAD
650 WEST AVENUE
SUITE 3106
MIAMI BEACH, FL 33139 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 JEHASSI, OHAD
Address 650 WEST AVENUE, SUITE 3106
City-State-Zip: MIAMI BEACH FL 33139

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: OHAD JEHASSI

MANAGER

01/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date