

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000038360

**Entity Name:** HEALTH TECH SCIENCES-US, LLC

**Current Principal Place of Business:**

16119 MOUNT ABBEY WAY  
202  
FORT MYERS, FL 33908

**Current Mailing Address:**

16119 MOUNT ABBEY WAY  
202  
FORT MYERS, FL 33908 US

**FEI Number:** 46-2826371

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HIDUKE, TERRENCE  
16119 MOUNT ABBEY WAY  
202  
FORT MYERS, FL 33908 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 MGRM  
Name HIDUKE, TERRENCE  
Address 16119 MOUNT ABBEY WAY, #202  
City-State-Zip: FORT MYERS FL 33908

Title AUTHORIZED MEMBER  
Name HOVLAND, ROGER  
Address HEALTH TECH SCIENCES AS  
DANIEL HANSENS GATE 9  
City-State-Zip: BERGEN 5008

Title AUTHORIZED MEMBER  
Name AKSNES, THOMAS  
Address HEALTHTECH SCIENCES AS  
5008 DANIEL HANSENS GATE 9  
City-State-Zip: BERGEN 5008

*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:** TERRENCE HIDUKE

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date