

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000161569

Entity Name: APOGEE MEDICAL TECHNOLOGIES LLC

Current Principal Place of Business:

10411 NW 24TH STREET
SUNRISE, FL 33322

Current Mailing Address:

10411 NW 24TH STREET
SUNRISE, FL 33322 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KALFON, FREDERICK G
10411 NW 24TH STREET
SUNRISE, FL 33322 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 KALFON, FREDERICK G
Address 10411 NW 24TH STREET
City-State-Zip: SUNRISE FL 33322

Title MGR
Name BUCKNER, FRED R
Address 14 BROKEN BOW
City-State-Zip: CHEROKEE VILLAGE AR 72529

Title MGR
Name CZAPLICKI, JAYSON DR.
Address 515 EAST CAREFREE HIGHWAY
SUITE 345
City-State-Zip: PHOENIX AZ 85085

Title MGR
Name RENN, RICHARD H
Address 15402 N BOSWELL BLVD.
City-State-Zip: SUN CITY AZ 85351

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: FREDERICK G. KALFON

MANAGER

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date