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: KERRY CISSELL

01/29/2024 DIR. OF QUALITY AND COMPLIANCE

City-State-Zip: ELMHURST IL 60126

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :				
Title	MGR	Title	DIRECTOR OF QUALITY AND	
Name	SCHECHTER, EITAN	Name	COMPLIANCE CISSELL. KERRY	
Address	321 W. LAKE, SUITE C	Address	321 W. LAKE STREET SUITE C	
City-State-Zip:	ELMHURST IL 60126			

	Electronic Signature of Registered Agent				
Authorized Person(s) Detail :					
Title	MGR	Title	DIRECTOR OF QUALITY AND		
Name	SCHECHTER, EITAN		COMPLIANCE		
Address	321 W. LAKE. SUITE C	Name	CISSELL, KERRY		
	,	Address	321 W. LAKE STREET		
City-State-Zip:	FLMHURST II 60126		SUITE C		

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.

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

SIGNATURE:

Current Mailing Address: 321 W. LAKE STREET

SUITE C ELMHURST, IL 60126 US

FEI Number: 84-2148727

Name and Address of Current Registered Agent:

5516 56TH COMMERCE PARK BLVD TAMPA, FL 33610

Current Principal Place of Business:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000147647

Entity Name: INTEGRA HEALTHCARE EQUIPMENT OF TAMPA, LLC

FILED Jan 29, 2024 Secretary of State 0827080582CC

Date

Certificate of Status Desired: Yes

Date