that my name appears above, or on an attachment with all other like empowered. MANAGER

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

DOCUMENT# L21000304543

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MEDICAL TECHNOLOGY GROUP, LLC

Current Principal Place of Business:

1550 MADRUGA AVENUE #406 CORAL GABLES, FL 33144

Current Mailing Address:

1550 MADRUGA AVENUE #406 CORAL GABLES, FL 33144

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

BROEKER, DOUGLAS C C/O SWEETAPPLE, BROEKER & VARKAS 12700 BISCAYNE BLVD, SUITE 402 MIAMI, FL 33181 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

Authorized Person(s) Detail :

| Title | AMBR | Title | MGR |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Name | BREGMAN, ARTHUR | Name | BREGMAN, ARTHUR |
| Address | 1550 MADRUGA AVENUE, SUITE 406 | Address | 1550 MADRUGA AVENUE, SUITE 406 |
| City-State-Zip: | CORAL GABLES FL 33144 | City-State-Zip: | CORAL GABLES FL 33144 |
| | | | |

SIGNATURE: ARTHUR BREGMAN

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 01, 2024 Secretary of State 0010979682CC

Certificate of Status Desired: Yes

05/01/2024 Date

Date