

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005324

**Entity Name:** BIOMET SPINE & BONE HEALING TECHNOLOGIES, LLC

**Current Principal Place of Business:**

399 JEFFERSON ROAD  
PARISPPANY, NJ 07054

**Current Mailing Address:**

C/O ZIMMER, INC - CORPORATE SECRETARY'S OFFICE  
345 E. MAIN STREET  
WARSAW, IN 46580 US

**FEI Number:** 31-1651314

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	MANAGER	Title	MANAGER
Name	FLORIN, DANIEL P.	Name	PHIPPS, CHAD F.
Address	345 EAST MAIN STREET	Address	345 EAST MAIN STREET
City-State-Zip:	WARSAW IN 46580	City-State-Zip:	WARSAW IN 46580

*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:** CHAD F. PHIPPS

**AUTHORIZED PERSON**

**04/20/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date