

**2014 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:**

56 EAST BELL DRIVE  
P.O. BOX 587  
WARSAW, IN 46581

**FEI Number:** 31-1651314

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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  
Name           TANDY, BRADLEY J  
Address        56 EAST BELL DRIVE  
                  P.O. BOX 587  
City-State-Zip: WARSAW IN 46581

Title           MANAGER  
Name           HODGES, MICHAEL T  
Address        56 EAST BELL DRIVE  
                  P.O. BOX 587  
City-State-Zip: WARSAW IN 46581

Title           MANAGER  
Name           BINDER, JEFFREY R  
Address        56 EAST BELL DRIVE  
                  P.O. BOX 587  
City-State-Zip: WARSAW IN 46581

*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:** BRADLEY J TANDY

MANAGER

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date