

**2022 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M08000005324

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

**Current Principal Place of Business:**

1 GATEHALL DRIVE, SUITE 303  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

C/O ZIMVIE INC. - CORPORATE SECRETARY'S OFFICE  
10225 WESTMOOR DRIVE  
WESTMINSTER, CO 80021 US

**FEI Number:** 31-1651314

**Certificate of Status Desired:** Yes

**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 GENERAL MANAGER, MANAGING EMPLOYEE  
Name BINETTI, VINCENT  
Address 1 GATEHALL DRIVE, SUITE 303  
City-State-Zip: PARSIPPANY NJ 07054

Title AUTHORIZED REPRESENTATIVE  
Name KIDWELL, HEATHER J.  
Address C/O ZIMVIE INC. - CORPORATE SECRETARY'S OFFICE  
10225 WESTMOOR DRIVE  
City-State-Zip: WESTMINSTER CO 80021

*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:** HEATHER J. KIDWELL

**AUTHORIZED REPRESENTATIVE**

**08/31/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date