

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000005316

**Entity Name:** NORTHSTAR MEDICAL TECHNOLOGIES, LLC**Current Principal Place of Business:**5249 FEMRITE DRIVE  
MADISON, WI 53718**Current Mailing Address:**5249 FEMRITE DRIVE  
MADISON, WI 53718 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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	MGR
Name	MESSINA, GEORGE P
Address	5249 FEMRITE DRIVE
City-State-Zip:	MADISON WI 53718

Title	MGR
Name	HENDRICKS, DIANE
Address	5249 FEMRITE DRIVE
City-State-Zip:	MADISON WI 53718

Title	MGR
Name	COULTER, JON
Address	5249 FEMRITE DRIVE
City-State-Zip:	MADISON WI 53718

Title	MGR
Name	MCINTYRE, RANDY
Address	5249 FEMRITE DRIVE
City-State-Zip:	MADISON WI 53718

*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:** GEORGE P. MESSINA**MANAGER****01/09/2017**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date