

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000004458

**Entity Name:** COORSTEK MEDICAL LLC

**Current Principal Place of Business:**

9800 HILLWOOD PARKWAY  
SUITE 140  
FORT WORTH, TX 76177

**Current Mailing Address:**

9800 HILLWOOD PARKWAY  
SUITE 140  
FORT WORTH, TX 76177 US

**FEI Number:** 61-1710126

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           COORS, JONATHAN D.  
Address        9800 HILLWOOD PARKWAY  
                  SUITE 140  
City-State-Zip: FORT WORTH TX 76177

*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:** JONATHAN D. COORS

**MANAGER**

**03/18/2019**

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

\_\_\_\_\_  
Date