

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009784

**Entity Name:** EXTREMITY MEDICAL, LLC

**Current Principal Place of Business:**

300 INTERPACE PARKWAY  
SUITE 410  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

300 INTERPACE PARKWAY  
SUITE 410  
PARSIPPANY, NJ 07054 US

**FEI Number:** 26-0729447

**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  
Name LYONS, MATTHEW  
Address 300 INTERPACE PARKWAY  
SUITE 410  
City-State-Zip: PARSIPPANY NJ 07054

Title MEMBER  
Name BLUE SLATE LLC  
Address 300 INTERPACE PARKWAY  
SUITE 410  
City-State-Zip: PARSIPPANY NJ 07054

Title MANAGER  
Name LYONS, MICHAEL  
Address 300 INTERPACE PARKWAY  
SUITE 410  
City-State-Zip: PARSIPPANY NJ 07054

Title MANAGER, VP  
Name STEVENSON, RONALD  
Address 300 INTERPACE PARKWAY  
SUITE 410  
City-State-Zip: PARSIPPANY NJ 07054

Title MANAGER  
Name LYONS, WILLIAM  
Address 300 INTERPACE PARKWAY  
SUITE 410  
City-State-Zip: PARSIPPANY NJ 07054

*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: RONALD STEVENSON**

**VICE PRESIDENT**

**01/16/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date