

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000009784

Entity Name: EXTREMITY MEDICAL, LLC

Current Principal Place of Business:

300 INTERPACE PARKWAY
SUITE 410
PARSIPPANY, NY 07054

Current Mailing Address:

300 INTERPACE PARKWAY
SUITE 410
PARSIPPANY, NY 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 NY 07054

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

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

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

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

MANAGER

04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date