**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 17, 2025**
**Secretary of State**
**5699697369CC**

DOCUMENT# M17000001100

**Entity Name:** TRAJECTOR MEDICAL,LLC

**Current Principal Place of Business:**

5950 NW 1ST PLACE
SUITE 200
GAINESVILLE, FL 32607

**Current Mailing Address:**

5950 NW 1ST PLACE
SUITE 200
GAINESVILLE, FL 32607 US

**FEI Number: 47-1965243**

**Certificate of Status Desired:** No

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

TAYLOR, JR., JAMES J. ESQ.
420 S LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656 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 | PCEO | Title | MANAGER MEMBER |
| Name | HILL, JAMES S II | Name | URIBE, GINA G |
| Address | 1712 PIONEER AVE SUITE 500 | Address | 1024 SW 102ND TERR |
| City-State-Zip: | CHEYENNE WY 82001 | City-State-Zip: | GAINESVILLE FL 32607 |

*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: GINA URIBE MANAGING MEMBER 04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date