

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000009450

**Entity Name:** CONVALUISSET MEDICAL, LLC

**Current Principal Place of Business:**

1000 N WEST STREET STE PMB 1859  
SUITE 1200  
WILMINGTON, DE 19801-1058

**Current Mailing Address:**

1000 N WEST STREET STE PMB 1859  
SUITE 1200  
WILMINGTON, DE 19801-1058 US

**FEI Number:** 61-1851328

**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            COSTELLO, NEIL  
Address         1000 N WEST STREET STE PMB 1859  
                  SUITE 1200  
City-State-Zip: WILMINGTON DE 19801-1058

*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:** NEIL COSTELLO

**MANAGER**

**04/20/2023**

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

\_\_\_\_\_  
Date