

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000000057

Entity Name: ACCESS MEDICAL ACQUISITION, LLC**Current Principal Place of Business:**6100 BLUE LAGOON DRIVE, STE. 365
MIAMI, FL 33126**Current Mailing Address:**7700 FORSYTH BLVD.
ST. LOUIS, MO 63105 US**FEI Number:** 46-3485489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 | CHERVITZ, CHARLES |
| Address | 7700 FORSYTH BLVD. |
| City-State-Zip: | ST. LOUIS MO 63105 |

| | |
|-----------------|---------------------|
| Title | MANAGER |
| Name | KOSTER, CHRISTOPHER |
| Address | 7700 FORSYTH BLVD. |
| City-State-Zip: | ST. LOUIS MO 63105 |

| | |
|-----------------|--------------------|
| Title | VP, TAX |
| Name | DINKELMAN, TRICIA |
| Address | 7700 FORSYTH BLVD. |
| City-State-Zip: | ST. LOUIS MO 63105 |

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: TRICIA DINKELMAN

VICE PRESIDENT, TAX

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date