

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000263

**FILED
Apr 30, 2022
Secretary of State
7638366975CC**

Entity Name: KMT MEDICAL INCORPORATED

Current Principal Place of Business:

17755 U.S. 19 NORTH, SUITE 210
CLEARWATER, FL 33764

Current Mailing Address:

17755 U.S. 19 NORTH, SUITE 210
CLEARWATER, FL 33764 US

FEI Number: 38-4081665

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

Officer/Director Detail :

Title P
Name MALIEKEL, V. GEORGE
Address 2000 HOLLISTER DR.
City-State-Zip: LIBERTYVILLE IL 60048

Title EVP
Name SORKIN, MICHAEL D.
Address 17755 US 19 NORTH
SUITE 210
City-State-Zip: CLEARWATER FL 33764

Title S
Name HEROUX, LISE M
Address 2000 HOLLISTER DR.
City-State-Zip: LIBERTYVILLE IL 60048

Title T
Name STRAUP, KENNETH A
Address 2000 HOLLISTER DR.
City-State-Zip: LIBERTYVILLE IL 60048

Title D
Name BRADY, SHARON M
Address 2000 HOLLISTER DR.
City-State-Zip: LIBERTYVILLE IL 60048

Title D
Name CARTER, STEPHEN P.
Address 2000 HOLLISTER DR.
City-State-Zip: LIBERTYVILLE IL 60048

Title D
Name SAXON, JEROME A.
Address 2000 HOLLISTER DR.
City-State-Zip: LIBERTYVILLE IL 60048

Title D
Name MALIEKEL, V. GEORGE
Address 2000 HOLLISTER DR.
City-State-Zip: LIBERTYVILLE IL 60048

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISE HEROUX

SECRETARY

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name ADDUCCI, JAMES D.
Address 2000 HOLLISTER DRIVE
City-State-Zip: LIBERTYVILLE IL 60048

Title SENIOR VICE PRESIDENT AND CFO
Name KEELEY, ROBERT C.
Address 2000 HOLLISTER DRIVE
City-State-Zip: LIBERTYVILLE IL 60048