**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Aug 23, 2022**
**Secretary of State**
**4425514479CC**

DOCUMENT# L13000069766

**Entity Name:** METIER MEDICAL (USA), LLC

**Current Principal Place of Business:**

105 SOLANO ROAD - SUITE B
PONTE VEDRA, FL 32082

**Current Mailing Address:**

105 SOLANO ROAD - SUITE B
PONTE VEDRA, FL 32082 US

**FEI Number: 46-3326299**

**Certificate of Status Desired:** No

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

MINIX, LARRY
105 SOLANO ROAD - SUITE B
PONTE VEDRA, FL 32082 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 | PRESIDENT | Title | VP |
| Name | MINIX, LARRY | Name | HOWELLS, GRANT RAYMOND MR |
| Address | 105 SOLANO ROAD - SUITE B | Address | 105 SOLANO ROAD - SUITE B |
| City-State-Zip: | PONTE VEDRA FL 32082 | City-State-Zip: | PONTE VEDRA FL 32082 |
| Title | AUTHORIZED REPRESENTATIVE | Title | AUTHORIZED REPRESENTATIVE |
| Name | BARRICK, AARON MR | Name | FULLBROOK, KIM LOUISE MS |
| Address | 105 SOLANO ROAD - SUITE B | Address | 105 SOLANO ROAD - SUITE B |
| City-State-Zip: | PONTE VEDRA FL 32082 | City-State-Zip: | PONTE VEDRA FL 32082 |

*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: KIM FULLBROOK — AUTHORIZED REPRESENTATIVE — 08/23/2022

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