2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2023
Secretary of State
6258666247CC

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:

PO BOX 1882
COPPELL, TX 75019 US

FEI Number: 46-3326299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWELLS, GRANT
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: GRANT HOWELLS 01/20/2023

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	VP	Title	AUTHORIZED REPRESENTATIVE
Name	HOWELLS, GRANT RAYMOND MR	Name	BARRICK, AARON MR
Address	105 SOLANO ROAD - SUITE B	Address	PO BOX 1882
City-State-Zip:	PONTE VEDRA FL 32082	City-State-Zip:	COPPELL TX 75019

Title	AUTHORIZED REPRESENTATIVE
Name	FULLBROOK, KIM LOUISE MS
Address	105 SOLANO ROAD - SUITE B
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 CFO 01/20/2023

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