2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2025
Secretary of State
4163688686CC

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Entity Name: TRANS4 MEDICAL LLC

Current Principal Place of Business:

451 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

Current Mailing Address:

P.O. BOX 645
EMMAUS, PA 18049 US

FEI Number: 46-5125819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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	MGR	Title	DIRECTOR
Name	KANE, PAUL J	Name	MACCARI, PETER
Address	451 APOLLO BEACH BLVD.	Address	PO BOX 645
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	EMMAUS PA 18049

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: PETER MACCARI DIRECTOR 03/02/2025

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