

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000005548

**Entity Name:** MTC MEDICAL, LLC

**Current Principal Place of Business:**

500 N MARKETPLACE DR  
CENTERVILLE, UT 84014

**Current Mailing Address:**

500 N MARKETPLACE DR  
CENTERVILLE, UT 84014 US

**FEI Number:** 20-2290604

**Certificate of Status Desired:** No

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

C T 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	CEO	Title	PRESIDENT
Name	MARQUARDT, SCOTT	Name	MARQUARDT, DAN
Address	500 N MARKETPLACE DR	Address	500 N MARKETPLACE DR
City-State-Zip:	CENTERVILLE UT 84014	City-State-Zip:	CENTERVILLE UT 84014

Title	VP, SECRETARY
Name	PETROGEORGE, MICHAEL P
Address	500 N MARKETPLACE DR
City-State-Zip:	CENTERVILLE UT 84014

*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:** MICHAEL PETROGEORGE

VP

03/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date