

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000003493

**Entity Name:** SURGICAL TRAINING INSTITUTE, LLC

**Current Principal Place of Business:**

2330 NE VERBENA LANE  
CAMAS, WA 98607

**Current Mailing Address:**

2330 NE VERBENA LANE  
CAMAS, WA 98607 US

**FEI Number:** 27-1230918

**Certificate of Status Desired:** No

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

WILSON, ROBERT JAMES  
7120 GOODWAY DRIVE  
BROOKSVILLE, FL 34602 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:** ROBERT JAMES WILSON

04/09/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CFO  
Name KIM, RICHARD J  
Address 2330 NE VERBENA LANE  
City-State-Zip: CAMAS WA 98607

*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:** RICHARD J. KIM

CFO

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date