

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003665

Entity Name: SURGICAL SOLUTIONS NORTH AMERICA, LLC

Current Principal Place of Business:

136 SECOND ST, STE. 600
HENDERSON, KY 42420

Current Mailing Address:

136 SECOND ST, STE. 600
HENDERSON, KY 42420 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name KELLEN, ALEX
Address 1751 LAKE COOK RD, STE. 240
City-State-Zip: DEERFIELD IL 60015

Title MANAGER
Name SIMONTON, KIM
Address 1751 LAKE COOK RD., SUITE 240
City-State-Zip: DEERFIELD IL 60015

Title AUTHORIZED MEMBER
Name MADISON CAPITAL FUNDING
Address 136 SECOND ST, STE. 600
City-State-Zip: HENDERSON KY 42420

Title AUTHORIZED MEMBER
Name S HOLDCO, LLC
Address 136 SECOND ST, STE. 600
City-State-Zip: HENDERSON KY 42420

Title AUTHORIZED MEMBER
Name SS HOLDCO, LLC
Address 136 SECOND ST, STE. 600
City-State-Zip: HENDERSON KY 42420

Title AUTHORIZED MEMBER
Name STERLIN SS INVESTORS, LLC
Address 136 SECOND ST, STE. 600
City-State-Zip: HENDERSON KY 42420

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 SIMONTON

MANAGER

04/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date