

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000006198

Entity Name: NEURO AND ORTHOPEDIC MONITORING AND TESTING ASSOCIATES, PLLC, LLC**Current Principal Place of Business:**7475 LUSK BLVD
SAN DIEGO, CA 92121**Current Mailing Address:**7475 LUSK BLVD
SAN DIEGO, CA 92121 US**FEI Number: 47-4828067****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N CALHOUN ST STE 4
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** EVP, STRATEGY, TECHNOLOGY AND CORP. DEVELOPMENT, DIRECTOR**Name** LINK, MATTHEW**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Title** VP, US COMMERCIAL**Name** MCCLINTOCK, PAUL**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Title** EVP, GLOBAL COMMERCIAL**Name** KIIL, SKIP**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Title** EVP, GLOBAL PROCESS TRANSFORMATION**Name** ROZOW, STEVE**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Title** ASSISTANT SECRETARY**Name** GREGORY, JANINE**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Title** VP, TAX AND CHIEF TAX OFFICER**Name** MOREHEAD, GLYNN**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Title** ASSISTANT TAX OFFICER**Name** ALEXANDER, DARREN**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Title** VP, RISK MANAGEMENT AND CHIEF COMPLIANCE OFFICER**Name** GARRETT, JAMES**Address** 7475 LUSK BLVD**City-State-Zip:** SAN DIEGO CA 92121**Continues on page 2**

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: DARREN ALEXANDER**ASSISTANT TAX OFFICER 04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title EVP AND CHIEF FINANCIAL OFFICER
Name ASARPOTA, RAJESH
Address 7475 LUSK BLVD
City-State-Zip: SAN DIEGO CA 92121

Title VP, CORPORATE CONTROLLER
Name SYLVAIN, JEREME
Address 7475 LUSK BLVD
City-State-Zip: SAN DIEGO CA 92121

Title GENERAL MANAGER, GLOBAL NUVASIVE
CLINICAL SERVICES
Name SIEGEL, DANIEL
Address 7475 LUSK BLVD
City-State-Zip: SAN DIEGO CA 92121

Title MANAGER, PRESIDENT, CEO, DIRECTOR
Name AUNG, DR. SOE
Address 7475 LUSK BLVD
City-State-Zip: SAN DIEGO CA 92121

Title GENERAL MANAGER
Name KARCZEWSKI, DOUG
Address 7475 LUSK BLVD
City-State-Zip: SAN DIEGO CA 92121

Title EVP, GENERAL COUNSEL,
SECRETARY, DIRECTOR
Name STAFSLIEN, JOAN
Address 7475 LUSK BLVD
City-State-Zip: SAN DIEGO CA 92121

Title VP, ASSOCIATE GENERAL COUNSEL
AND ASST SECRETARY
Name SISITSKY, NATHANIEL
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