

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000002405

**Entity Name:** TRIMEDX HOLDINGS, LLC

**Current Principal Place of Business:**

5451 LAKEVIEW PARKWAY S DRIVE  
INDIANAPOLIS, IN 46268

**Current Mailing Address:**

5451 LAKEVIEW PARKWAY S DRIVE  
INDIANAPOLIS, IN 46268 US

**FEI Number: 45-4807500**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 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 SENIOR VP, GENERAL COUNSEL,  
DIRECTOR, SECRETARY, MEMBER  
Name FISHER, ART  
Address 5451 LAKEVIEW PARKWAY S DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

Title MEMBER, DIRECTOR, CFO  
Name DUNKERLEY, CHRIS  
Address 5451 LAKEVIEW PARKWAY S DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

Title MEMBER, CEO/PRESIDENT  
Name HUMMEL, HENRY  
Address 5451 LAKEVIEW PARKWAY S DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

Title EXECUTIVE VICE PRESIDENT -  
OPERATIONS, DIRECTOR  
Name KHAN, JAY  
Address 5451 LAKEVIEW PARKWAY S DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

Title BENEFICIAL OWNER  
Name TMX INTERMEDIATE HOLDINGS, INC.  
Address 5451 LAKEVIEW PARKWAY S DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

*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: ART FISHER**

**SENIOR VP,GENERAL  
COUNSEL, DIRECTOR,  
SECRETARY**

**04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date