

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004016

**Entity Name:** PROBO MEDICAL, LLC

**Current Principal Place of Business:**

9715 KINCAID DR, SUITE 1000  
FISHERS, IN 46037-8884

**Current Mailing Address:**

9715 KINCAID DR, SUITE 1000  
FISHERS, IN 46037-8884 US

**FEI Number:** 46-5605623

**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            P  
Name            TROGDEN, DAVID  
Address        9715 KINCAID DR, SUITE 1000  
City-State-Zip: FISHERS IN 46037-8884

*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:** DAVID TROGDEN

**PRESIDENT**

**06/14/2019**

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

\_\_\_\_\_  
Date