

2021 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 CEO
Name ASMER , MICHAEL
Address 9715 KINCAID DR, SUITE 1000
City-State-Zip: FISHERS IN 46037-8884

Title TREASURER
Name BROWNE , ANTHONY
Address 9715 KINCAID DR, SUITE 1000
City-State-Zip: FISHERS IN 46037-8884

Title CFO
Name BROWNE , ANTHONY
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: BROWNE , ANTHONY

CFO

04/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date