

**2025 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

**Current Mailing Address:**

9715 KINCAID DR.  
SUITE 1000  
FISHERS, IN 46037 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	MANAGER	Title	CFO
Name	PROBO FINANCE LLC	Name	RICHARD, JEFF
Address	9715 KINCAID DR. SUITE 1000	Address	9715 KINCAID DR. SUITE 1000
City-State-Zip:	FISHERS IN 46037	City-State-Zip:	FISHERS IN 46037

*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:** JEFF RICHARD

CFO

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date