

ATTORNEYS AT LAW

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May 31, 2002

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, GL 32314

RE:

Otto Bock HealthCare U.S. Inc, and Otto Bock HealthCare LP

Dear Sir or Madam:

000005676810--4 -06/04/02--01015--001 ****157.50 *****87.50

Enclosed for filing please find the following documents:

- 1. Application by Foreign Corporation for Authorization to Transact Business in Florida, along with a Certificate of Good Standing;
- 2. Application by Foreign Limited Partnership for Authorization to Transact Business in Florida, along with a Certificate of Good Standing;
- 3. Affidavit of Capital Contributions for a Foreign Limited Partnership;
- 4. Our filing fee in the amount of \$157.50.

If you have any questions please contact the undersigned directly.

Sincerely,

Stephen A. Can | gl

SAC/jh

Encl.

2002 JUN -4 PM I2: 20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN - 7 2002

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

fname is unavailable name under which the lin	nited partnership proposes to register or transact bu	siness in Flori
must contain	he word "LIMITED" or "LTD.")	
Minne	2/11/2002	0/2
Minnesota (State of Formation)	4. 3/11/2002 (Date of Formation)	10
(Suit of A Grandisch)	(Oly Control of the Co
Eric Fregger	ered Agent for Service of Process)	<u> </u>
(Name of Regist	ered Agent for Service of Process)	
8040 Island Drive		
(Street A	ddress of Registered Office)	
Port Richey (City)	, Florida <u>34668</u> (Zip Code)	
(City)	(Zip Codo)	
_		
Acceptance by the Registered Agent for Service		
Eric (Age	nt must sign on this line)	
_	nt must sign on this line)	
Eric (Age Two Carlson Parkway Suite 1	nt must sign on this line)	
Eric (Age Two Carlson Parkway Suite 1	nt must sign on this line)	ipal office.)
Two Carlson Parkway Suite 1 Plymouth, MN 55447 (Address of registered office required in st.) NAMES OF GENERAL PARTNERS	nt must sign on this line) 00 ate of formation or, if not required, address of princes	ipal office.)
Eric (Age Two Carlson Parkway Suite 1	nt must sign on this line) 00 ate of formation or, if not required, address of princes	ipal office.)
Two Carlson Parkway Suite 1 Plymouth, MN 55447 (Address of registered office required in structure) NAMES OF GENERAL PARTNERS	nt must sign on this line) 00 ate of formation or, if not required, address of prince STREET ADDRESS	
Two Carlson Parkway Suite 1 Plymouth, MN 55447 (Address of registered office required in st.) NAMES OF GENERAL PARTNERS #F020000	nt must sign on this line) oo ate of formation or, if not required, address of prince STREET ADDRESS 2868 C. Two Carlson Pai	kway
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Two Carlson Parkway Suite 1 Plymouth, MN 55447 (Address of registered office required in st.) NAMES OF GENERAL PARTNERS #F020000	nt must sign on this line) oo ate of formation or, if not required, address of prince STREET ADDRESS 2868 C. Two Carlson Pai	kway

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12. Two Carlson Parkway Suite 100 Plymouth, MN 55447
(Mailing Address of Limited Partnership)
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.
Signed this 31St day of May , 2002. Otto Bock HealthCare U.S., Inc. Its President General Partner
Its President General Partner STATE OF Minnesota COUNTY OF Hennepin On this 3184 day of May , 2002
COUNTY OF Hennepin
On this 31st day of May, 2002. Elbert P. Harman, personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
(Notary Public Signature)



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Elbert P. Harman for Otto Bock HealthCare, U.S., Inc
a general partner of Otto Bock HealthCare LP , a (an)
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ _7500
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ 7500
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.
Signed this 3184 day of May , 2002. Otto Bock HealthCare U.S., Inc.
Otto Bock HealthCare U.S., Inc.
Otto Bock HealthCare U.S., Anc. Clut Clut Comment Comment
Its President General Partner STATE OF Minnesota
FLOOR IN
STATE OF Minnesota STATE OF Minnesota
COUNTY OF Hennepin
On this 318t day of May, 2002,
Elbert P. Harman , personally appeared before me,
ISA
who is personally known to me
whose identity I proved on the basis of
July Public Signature)
Julian Hoinson (Notary's Printed Name)
Seal My Commission Expires: 1-31-2005



state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

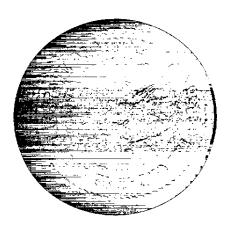
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited partnership listed below is a limited partnership formed under the laws of Minnesota; that the limited partnership was formed pursuant to Minnesota Statutes 322A by the filing of a Certificate of Limited Partnership with the Office of the Secretary of State on the date listed below; and that this limited partnership is authorized to do business as a limited partnership at the time this certificate is issued.

Name: Otto Bock HealthCare LP

Date Formed: 03/11/2002

This certificate has been issued on 05/21/02.

2002 JUN-4 PM 12: 20
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA



Mary Kiffmeyer Secretary of State.