

B02 000000 199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

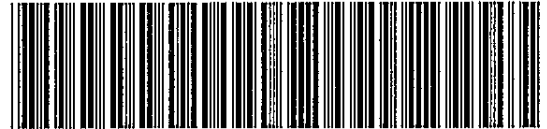
(Business Entity Name)

(Document Number)

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STATE
COMMISSIONER OF CORPORATIONS, SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

February 23, 2005

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6304824 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

~~Otto Bock Healthcare LP (MN)
Assumed Name Filing - Otto Bock Healthcare LP dba - Ortiokentab
Florida~~

Otto Bock Healthcare LP (MN)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Otto Bock Healthcare LP
Name of the limited partnership

2. 6/4/02 Date of filing/registration in Florida
3. B02000000199 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Eric Fregger
Name
8040 Island Drive
Address
Port Richey, FL 34668
City, State and Zip

5. The name and address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box **not** acceptable)
Plantation FL 33324
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Alt Alan - Secretary
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Jeffrey R. Graves
Signature of Registered Agent

Jeffrey R. Graves
Assistant Secretary

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

FILED
05 FEB 2004 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA