

BO2000000199

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Stephen.carr@ottobock.com

REGISTERED AGENT CHANGE
OTTO BOCK HEALTHCARE LP

Certificate of Status	0
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S. HAWKES
SEP 20 2010
EXAMINER

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Otto Bock Healthcare LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 8/4/2002 3. B02000000199
Date of filing/registration in Florida Florida document number

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

FREGGER, ERIC
Name
8040 ISLAND DRIVE
Address
PORT RICHEY FL 34668
City, State and Zip

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

National Corporate Research, Ltd., Inc.
Name
515 East Park Avenue
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature] Secretary of Otto Bock Healthcare U.S., Inc.,
Signature of General Partner 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.

[Signature]
Signature of Registered Agent Lucy Dawson, Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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