


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B02000000199**


1. Entity Name  
**OTTO BOCK HEALTHCARE LP**



**FILED**

03 AUG 25 AM 8:52

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**TWO CARLSON PARKWAY SUITE 100  
PLYMOUTH MN 55447**

Mailing Address  
**TWO CARLSON PARKWAY SUITE 100  
PLYMOUTH MN 55447**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

**DUE BY MAY 1, 2003**

4. FEI Number **74-3032515**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREGGER, ERIC**  
**8040 ISLAND DRIVE**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name: **OTTO BOCK HEALTHCARE**

Street Address (P.O. Box Number is Not Acceptable):  
**755 Clay St**

City: **Winterpark** State: **FL** Zip Code: **32789**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F02000002868	STREET ADDRESS	
NAME	OTTO BOCK HEALTHCARE U.S., INC.	CITY-ST-ZIP	
STREET ADDRESS	TWO CARLSON PARKWAY SUITE 100		
CITY-ST-ZIP	PLYMOUTH MN 55447		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** 4/17/03 763-553-9464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)