

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002377

FILED
Apr 07, 2011
Secretary of State

Entity Name: OTTO BOCK HEALTHCARE NORTH AMERICA, INC.

Current Principal Place of Business:

TWO CARLSON PARKWAY N SUITE 100
PLYMOUTH, MN 554474467

New Principal Place of Business:

Current Mailing Address:

TWO CARLSON PARKWAY N SUITE 100
PLYMOUTH, MN 554474467

New Mailing Address:

FEI Number: 41-0824465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP
Name: HARMAN, ELBERT P
Address: TWO CARLSON PARKWAY N SUITE 100
City-St-Zip: PLYMOUTH, MN 554474467

Title: DT
Name: SCHULTZ, ANDREAS
Address: TWO CARLSON PARKWAY N SUITE 100
City-St-Zip: PLYMOUTH, MN 554474467

Title: DS
Name: CARR, STEPHEN A
Address: TWO CARLSON PARKWAY N SUITE 100
City-St-Zip: PLYMOUTH, MN 554474467

Title: VS
Name: HAKANSON, SARA
Address: TWO CARLSON PARKWAY N SUITE 100
City-St-Zip: PLYMOUTH, MN 554474467

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN A. CARR

SECR

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date