

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003901

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** OTTO BOCK ORTHOPEDIC SERVICES LLC

**Current Principal Place of Business:**

TWO CARLSON PARKWAY N., SUITE 100  
PLYMOUTH, MN 55447 US

**New Principal Place of Business:**

2801 S. FAIR LANE, #101  
TEMPE, AZ 85282 US

**Current Mailing Address:**

TWO CARLSON PARKWAY N, SUITE 100  
PLYMOUTH, MN 55447 US

**New Mailing Address:**

TWO CARLSON PARKWAY N., STE. 100  
PLYMOUTH, MN 55447 US

**FEI Number:** 32-0288792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD. INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

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:

04/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OTTO BOCK HEALTHCARE NORTH AMERICA, INC.  
Address: TWO CARLSON PARKWAY N, SUITE 100  
City-St-Zip: PLYMOUTH, MN 55447

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN A. CARR

SECR

04/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date