

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003901

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

**Current Principal Place of Business:**

11809 DOMAIN DRIVE  
UNIT 400  
AUSTIN, TX 78758

**Current Mailing Address:**

11809 DOMAIN DRIVE  
UNIT 400  
AUSTIN, TX 78758 US

**FEI Number:** 32-0288792

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           BAILEY, BEN  
Address        11809 DOMAIN DRIVE  
                  UNIT 400  
City-State-Zip: AUSTIN TX 78758

Title           MANAGER  
Name           SARRIA, DAN  
Address        11809 DOMAIN DRIVE  
                  UNIT 400  
City-State-Zip: AUSTIN TX 78758

Title           MANAGER  
Name           COLLINS, JEFFREY J.  
Address        11809 DOMAIN DRIVE  
                  UNIT 400  
City-State-Zip: AUSTIN TX 78758

Title           MEMBER  
Name           OTTO BOCK HEALTHCARE NORTH  
                  AMERICA, INC.  
Address        11809 DOMAIN DRIVE  
                  UNIT 400  
City-State-Zip: AUSTIN TX 78758

Title           MANAGER  
Name           GREENE, STEPHANIE  
Address        11501 ALTERRA PARKWAY  
                  SUITE 600  
City-State-Zip: AUSTIN TX 78758

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEN BAILEY

**MANAGER**

**02/13/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date