

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003901

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

PO BOX 203910  
AUSTIN, TX 78720 US

**FEI Number:** 32-0288792

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

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Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

*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:** KIMBERLY RIPLINGER

SENIOR STAFF  
ACCOUNTANT

01/29/2015

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Electronic Signature of Signing Authorized Person(s) Detail

Date