

**2013 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000199

**Entity Name:** OTTO BOCK HEALTHCARE LP

**Current Principal Place of Business:**

TWO CARLSON PARKWAY SUITE 100  
PLYMOUTH, MN 55447

**Current Mailing Address:**

TWO CARLSON PARKWAY SUITE 100  
PLYMOUTH, MN 55447 US

**FEI Number:** 74-3032515

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # F02000002868

Name OTTO BOCK HEALTHCARE U.S., INC.

Address TWO CARLSON PARKWAY 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN A. CARR

**SECRETARY**

**04/05/2013**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date