

**2015 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000199

**Entity Name:** OTTO BOCK HEALTHCARE LP

**Current Principal Place of Business:**

12365-B RIATA TRACE PARKWAY  
SUITE 250  
AUSTIN, TX 78727

**Current Mailing Address:**

PO BOX 203910  
AUSTIN, TX 78720 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 PO BOX 203910

City-State-Zip: AUSTIN TX 78720

*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: KIMBERLY RIPLINGER**

**SENIOR STAFF  
ACCOUNTANT**

**01/29/2015**

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

\_\_\_\_\_  
Date