

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002377

**Entity Name:** OTTO BOCK HEALTHCARE NORTH AMERICA, INC.

**Current Principal Place of Business:**

11501 ALTERRA PARKWAY  
SUITE 600  
AUSTIN, TX 78758

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC2149523871**

**Current Mailing Address:**

11501 ALTERRA PARKWAY  
SUITE 600  
AUSTIN, TX 78758 US

**FEI Number: 41-0824465**

**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

**Officer/Director Detail :**

Title REGIONAL PRESIDENT AND CFO  
Name SCHULTZ, ANDREAS  
Address 11501 ALTERRA PARKWAY  
SUITE 600  
City-State-Zip: AUSTIN TX 78758

Title VP, FINANCE  
Name SCHUERMAN, KATHRYN  
Address 11501 ALTERRA PARKWAY  
SUITE 600  
City-State-Zip: AUSTIN TX 78758

Title SECR  
Name LI, ALBERT J.  
Address 11501 ALTERRA PARKWAY  
SUITE 600  
City-State-Zip: AUSTIN TX 78758

Title REGIONAL PRESIDENT AND CEO  
Name SWIGGUM, MATTHEW  
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALBERT J. LI**

**SECRETARY**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date