

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002377

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

**Current Principal Place of Business:**

TWO CARLSON PARKWAY N SUITE 100  
PLYMOUTH, MN 55447-4467

**Current Mailing Address:**

TWO CARLSON PARKWAY N SUITE 100  
PLYMOUTH, MN 55447-4467

**FEI Number:** 41-0824465

**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

**Officer/Director Detail :**

Title            CEO  
Name            SCHNEIDER, SCOTT  
Address        TWO CARLSON PARKWAY N SUITE  
                  100  
City-State-Zip: PLYMOUTH MN 55447-4467

Title            CFO  
Name            SCHULTZ, ANDREAS  
Address        TWO CARLSON PARKWAY N SUITE  
                  100  
City-State-Zip: PLYMOUTH MN 55447-4467

Title            SECR  
Name            CARR, STEPHEN A  
Address        TWO CARLSON PARKWAY N SUITE  
                  100  
City-State-Zip: PLYMOUTH MN 55447-4467

Title            VP  
Name            HAKANSON, SARA  
Address        TWO CARLSON PARKWAY N SUITE  
                  100  
City-State-Zip: PLYMOUTH MN 55447-4467

*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:** STEPHEN A. CARR

**SECRETARY**

**04/05/2013**

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

\_\_\_\_\_  
Date