

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P37346

**Entity Name:** MEDICAL DEVICE BUSINESS SERVICES, INC.

**Current Principal Place of Business:**

700 ORTHOPAEDIC DRIVE  
WARSAW, IN 46582

**Current Mailing Address:**

700 ORTHOPAEDIC DRIVE  
WARSAW, IN 46582 US

**FEI Number: 35-1843282**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           PRESIDENT  
Name           CZARTOSKI, TIMOTHY J  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title           DIRECTOR/SECRETARY/VICE  
                  PRESIDENT  
Name           RYAN, SCOTT R  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title           TREASURER  
Name           ZABOROWSKI, MICHELE L  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title           DIRECTOR  
Name           CROFT, DAVID J  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title           VP  
Name           BARBOZA, NUNO NMCB  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title           VP  
Name           CARPENTER, KENNETH L JR.  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title           VP  
Name           DURGIN, ROBERT  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title           VP  
Name           ELLIXSON, AMY M  
Address       700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

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*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: SCOTT R RYAN**

**SECRETARY**

**03/27/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name KASER, JEFFREY M  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title VP  
Name NEWMAN, ROBIN WATSON  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title VP  
Name REINHARDT, MAX  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title VP  
Name LOTTIER, JOHN D  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title VP  
Name PALFI, SANDOR  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title VP  
Name SEGAN, ROSS  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582