

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003901

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** OTTO BOCK ORTHOPEDIC SERVICES LLC

**Current Principal Place of Business:**

TWO CARLSON PARKWAY N., STE 100  
PLYMOUTH, MN 55447

**New Principal Place of Business:**

2801 S FAIR LANE, SUITE 101  
TEMPE, AZ 85282 US

**Current Mailing Address:**

TWO CARLSON PARKWAY N., STE 100  
PLYMOUTH, MN 55447

**New Mailing Address:**

TWO CARLSON PARKWAY N, SUITE 100  
PLYMOUTH, MN 55447 US

**FEI Number:** 32-0288792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH, LTD. INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OTTO BOCK HEALTHCARE NORTH AMERICA, INC.  
Address: TWO CARLSON PARKWAY N, SUITE 100  
City-St-Zip: PLYMOUTH, MN 55447

I hereby certify that the information indicated on this 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN A. CARR

SECR

02/10/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date