

P 37 346

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170000964573)))



H170000964573ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

17 APR -7 PM 1:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
DEPUY ORTHOPAEDICS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR -7 P 12:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

For
nd

State of Indiana
Office of the Secretary of State
Certificate of Fact

To Whom These Presents Come, Greeting:

I, **CONNIE LAWSON**, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that:

MEDICAL DEVICE BUSINESS SERVICES, INC.

filed articles of amendment on January 2, 2017, changing their name from **DEPUY ORTHOPAEDICS, INC.**
to **MEDICAL DEVICE BUSINESS SERVICES, INC.**



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 24, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1991110416 / 2017261454

Verify this certificate : <https://bsd.sos.in.gov/ValidateCertificate>