

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000006803

Entity Name: INVACARE OUTCOMES MANAGEMENT LLC

Current Principal Place of Business:

ONE INVACARE WAY
ELYRIA, OH 44035

Current Mailing Address:

ONE INVACARE WAY
ELYRIA, OH 44035

FEI Number: 46-1743287

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

Authorized Person(s) Detail :

Title MGRM
Name INVACARE CONTINUING CARE, INC.
Address ONE INVACARE WAY
City-State-Zip: ELYRIA OH 44035

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY C. LAPLACA

SECRETARY

04/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date