

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000153

**Entity Name:** ZIMMER SPINE NEXT, INC.

**Current Principal Place of Business:**

345 EAST MAIN STREET  
WARSAW, IN 46580

**Current Mailing Address:**

C/O LEGAL DEPARTMENT  
345 EAST MAIN STREET  
WARSAW, IN 46580 US

**FEI Number:** 46-0504761

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, SECRETARY, SENIOR VP  
Name PHIPPS, CHAD F.  
Address 345 EAST MAIN STREET  
City-State-Zip: WARSAW IN 46580

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT AND CHIEF FINANCIAL  
OFFICER

Name FLORIN, DANIEL P.  
Address 345 EAST MAIN STREET  
City-State-Zip: WARSAW IN 46580

Title VP, ASST. SECRETARY  
Name KIDWELL, HEATHER J.  
Address 345 EAST MAIN STREET  
City-State-Zip: WARSAW IN 46580

Title GROUP CHIEF FINANCIAL OFFICER,  
ORTHOPEDICS

Name COLLINS, TONY W.  
Address 345 EAST MAIN STREET  
City-State-Zip: WARSAW IN 46580

Title VP, ASST. TREASURER  
Name WALL, MICHAEL  
Address 345 EAST MAIN STREET  
City-State-Zip: WARSAW IN 46580

*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:** CHAD F. PHIPPS

**SECRETARY**

**01/21/2020**

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

\_\_\_\_\_  
Date