

2025 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 VP
Name MCCULLAGH, PATRICK
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

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

Title VP
Name SISSEL, ANNE E
Address 700 ORTHOPAEDIC DRIVE
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Title VP
Name SMITH, BRIAN
Address 700 ORTHOPAEDIC DRIVE
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Title VP
Name STANDAERT, FILIP
Address 700 ORTHOPAEDIC DRIVE
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Title VP
Name URBHANS, DAVID
Address 700 ORTHOPAEDIC DRIVE
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Title VP
Name WALKER, MICHAEL
Address 700 ORTHOPAEDIC DRIVE
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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 RYAN**SECRETARY****03/22/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date**Officer/Director Detail Continued :**

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

Title TREASURER
Name TRICARICHI, ANTHONY P
Address 700 ORTHOPAEDIC DRIVE
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Title SECRETARY
Name RYAN, SCOTT
Address 700 ORTHOPAEDIC DRIVE
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Title ASSISTANT SECRETARY
Name BLAZER, MARCI A
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Title ASSISTANT SECRETARY
Name DENTON, JOHN
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Name JAESCHKE, WAYNE
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Title ASSISTANT SECRETARY
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Title ASSISTANT SECRETARY
Name MCFALLS, LAURA H
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Title ASSISTANT SECRETARY
Name MCKEEHAN, ROBERT
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Title ASSISTANT SECRETARY
Name MORENO, VICTOR
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Title ASSISTANT SECRETARY
Name SLATER, PAIGE

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Title ASSISTANT SECRETARY
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Title DIRECTOR
Name JAENICKE, BRIAN T
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Title PRESIDENT
Name STORMS, LESLIE
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Title VP
Name BROOKS, DAVID
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Title VP
Name CANNON, HEATHER
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