

2024 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 WALKER, MICHAEL D
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

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

Title VP
Name RYAN, SCOTT R
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title TREASURER
Name TRICARICHI, ANTHONY P
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title SECRETARY
Name RYAN, SCOTT R
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY
Name BARNETT, CYNTHIA K
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY
Name BLAZER, MARCI A
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Continues on page 2

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 R RYAN**SECRETARY****04/20/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name BRUTUS, RENEE
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY
Name CHUNG, SERGIO
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Title ASSISTANT SECRETARY
Name DENTON, JOHN
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Title ASSISTANT SECRETARY
Name JAESCHKE, WAYNE
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Title ASSISTANT SECRETARY
Name LANE, DAVID
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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 DIRECTOR
Name BRUTUS, RENEE
Address 700 ORTHOPAEDIC DRIVE
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Title PRESIDENT
Name STORMS, LESLIE

Title ASSISTANT SECRETARY
Name CHONTOFALSKY, CLAIRE
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