

**2021 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 SECRETARY  
Name SCOTT, RYAN R  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title VP  
Name ROBERT JOHN, WRIGHT  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

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

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

Title VP  
Name JODIE, WERTHEIM J  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

Title VP  
Name PAUL, VOORHORST E  
Address 700 ORTHOPAEDIC DRIVE  
City-State-Zip: WARSAW IN 46582

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

Title VP  
Name DAVID, URBHANS  
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:** RYAN R SCOTT**SECRETARY****04/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP  
Name BRIAN, SMITH  
Address 700 ORTHOPAEDIC DRIVE  
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Title ASSISTANT SECRETARY  
Name RAYMOND, SCOTT N  
Address 700 ORTHOPAEDIC DRIVE  
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Title VP  
Name SCOTT, RYAN R  
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Title VP  
Name JOHN, PRACYK B  
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Title VP  
Name MAUREEN, PENCE  
Address 700 ORTHOPAEDIC DRIVE  
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Title DIRECTOR  
Name SCOTT, RYAN, R  
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Title VP  
Name RENEA, MESSMORE,  
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Title VP  
Name PATRICK, MCCULLAGH,  
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Title VP  
Name KAREN, MAHONEY, F  
Address 700 ORTHOPAEDIC DRIVE  
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Title VP  
Name JOHN, LOTTIER, D

Title ASSISTANT SECRETARY  
Name EUGENE, SZCZECINA L  
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Title ASSISTANT SECRETARY  
Name PAIGE, SLATER  
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Title ASSISTANT SECRETARY  
Name ALTIS, SCAFE A  
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Name BASSEL, RIFAI  
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Title VP  
Name RUSSELL, POWERS  
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Title ASSISTANT SECRETARY  
Name LAURIE, PEARCE J  
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Title DIRECTOR  
Name DAVID, CROFT, J  
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Title ASSISTANT SECRETARY  
Name JOHN, MCILHINNEY, M  
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Title ASSISTANT SECRETARY  
Name LYNN, MALINOSKI,  
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Title TREASURER  
Name JOHN, LOTTIER, D  
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Title ASSISTANT SECRETARY  
Name ALYSON, LAWRENCE  
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Title VP  
Name CHRISTINE, KNOBLAUCH,  
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Name WAYNE, JAESCHKE JR,  
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Title VP  
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Title ASSISTANT SECRETARY  
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Title ASSISTANT SECRETARY  
Name JEFFREY, KELSEY, T  
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Title VP  
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Name SANDRA, HUMBLES,  
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Title ASSISTANT SECRETARY  
Name BRANDON, GREER,  
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Title VP  
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