

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F23000001546

Entity Name: MD ORTHOPAEDICS, INC.**Current Principal Place of Business:**604 N PKWY ST
WAYLAND, IA 52654**Current Mailing Address:**604 N PKWY ST
WAYLAND, IA 52654 US**FEI Number:** NOT APPLICABLE**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 CHAIRMAN OF THE BOARD
Name BAILEY, DAVID
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

Title PRESIDENT/CEO
Name BAILEY, DAVID
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

Title DIRECTOR
Name HITE, FRED
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

Title CFO, COO, TREASURER
Name HITE, FRED
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

Title DIRECTOR
Name HAUSER, JOE
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

Title EXECUTIVE VICE-PRESIDENT
Name HAUSER, JOE
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

Title DIRECTOR
Name GERRITZEN, DANIEL J.
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

Title SECRETARY
Name GERRITZEN, DANIEL J.
Address 604 N PKWY ST
City-State-Zip: WAYLAND IA 52654

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: DANIEL J. GERRITZEN**SECRETARY****04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date