

**P 37346**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
DEPUY ORTHOPAEDICS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 17 -7 P 12:44

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*For  
me*

**PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO  
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

P37346  
(Document number of corporation (if known))

1. Depuy Orthopaedics, Inc.  
(Name of corporation as it appears on the records of the Department of State)

2. Indiana (Incorporated under laws of) 3. 02/03/1992 (Date authorized to do business in Florida)

**SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 01/02/2017

5. Medical Device Business Services, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated no more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Ranae McGraw*  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Lacey P. Elberg  
(Typed or printed name of person signing)

Asst. Secretary  
(Title of person signing)

**FILED**  
2017 APR -7 P 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of Indiana  
Office of the Secretary of State**

**Certificate of Fact**

To Whom These Presents Come, Greeting:

I, **CONNIE LAWSON**, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**MEDICAL DEVICE BUSINESS SERVICES, INC.**

filed articles of amendment on January 2, 2017, changing their name from **DEPUY ORTHOPAEDICS, INC.** to **MEDICAL DEVICE BUSINESS SERVICES, INC.**



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 24, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1991110416 / 2017261454

Verify this certificate : <https://bsd.sos.in.gov/ValidateCertificate>