

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37346

Entity Name: MEDICAL DEVICE BUSINESS SERVICES, INC.

Current Principal Place of Business:

700 ORTHOPAEDIC DRIVE
WARSAW, IN 46581

Current Mailing Address:

700 ORTHOPAEDIC DRIVE
WARSAW, IN 46581 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 PRESIDENT, DIRECTOR
Name GONZALEZ, JUAN JOSE
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46581

Title SECRETARY
Name RYAN, SCOTT R
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46581

Title TREASURER
Name ZABOROWSKI, MICHELE L
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46581

Title DIRECTOR
Name RYAN, SCOTT R
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46581

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

04/15/2017

Electronic Signature of Signing Officer/Director Detail

Date