

2019 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 PRESIDENT
Name CZARTOSKI, TIMOTHY J
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

Title TREASURER
Name ZABOROWSKI, MICHELE L
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title DIRECTOR
Name CROFT, DAVID J
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title VP
Name BARBOZA, NUNO NMCB
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title VP
Name CARPENTER, KENNETH L JR.
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

Title VP
Name ELLIXSON, AMY M
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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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

03/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name KASER, JEFFREY M
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title VP
Name NEWMAN, ROBIN WATSON
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

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

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

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