

2020 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 ASSISTANT SECRETARY
Name BRADY, HEATHER
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

Title ASSISTANT SECRETARY
Name CHONTOFALSKY, CLAIRE E
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

Title ASSISTANT SECRETARY
Name CONDE, KATHRYN KEOUGH
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

Title ASSISTANT SECRETARY
Name DIMAURO, THOMAS M
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY
Name FARMER, ANDREW C
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

05/31/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name FRENCH, TINA SNYDER
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY
Name JAESCHKE JR, WAYNE
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

Title ASSISTANT SECRETARY
Name MALINOSKI, LYNN
Address 700 ORTHOPAEDIC DRIVE
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Title ASSISTANT SECRETARY
Name MORENO, VICTOR
Address 700 ORTHOPAEDIC DRIVE
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Title ASSISTANT SECRETARY
Name PEARCE, LAURIE J
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY
Name SCOTT, RAYMOND N
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY
Name SZCZECINA, EUGENE 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 PRESIDENT
Name CZARTOSKI, TIMOTHY J
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title TREASURER
Name LOTTIER, JOHN D

Title ASSISTANT SECRETARY
Name GREER, BRANDON
Address 700 ORTHOPAEDIC DRIVE
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Title ASSISTANT SECRETARY
Name KELSEY, JEFFREY TG
Address 700 ORTHOPAEDIC DRIVE
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Title ASSISTANT SECRETARY
Name LEVANT, KEITH
Address 700 ORTHOPAEDIC DRIVE
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Title ASSISTANT SECRETARY
Name MOREL, LORI L
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Title ASSISTANT SECRETARY
Name PANZARINO, CHRISTOPHER
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Title ASSISTANT SECRETARY
Name SCAFE, ALTIS A
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Title ASSISTANT SECRETARY
Name SHIRTZ, JOSEPH F
Address 700 ORTHOPAEDIC DRIVE
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Title ASSISTANT SECRETARY
Name VISCONTI, MICHAEL
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

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

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

Title VP
Name BARBOZA, NUNO NMCB
Address 700 ORTHOPAEDIC DRIVE

Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582
Title VP
Name CARPENTER JR., KENNETH L
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 KASER, JEFFREY M
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582
Title ASSISTANT SECRETARY
Name BARNETT, CYNTHIA K
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582
Title ASSISTANT SECRETARY
Name BORUP, SCOTT P
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

City-State-Zip: WARSAW IN 46582
Title VP
Name RYAN, SCOTT R
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
Title VP
Name LOTTIER, JOHN D
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582
Title ASSISTANT SECRETARY
Name BLAZER, MARCI A
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582