2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37346

Entity Name: MEDICAL DEVICE BUSINESS SERVICES, INC.

FILED Apr 24, 2021 Secretary of State 2199917163CC

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 SECRETARY Title VP

NameSCOTT, RYAN RNameROBERT JOHN, WRIGHTAddress700 ORTHOPAEDIC DRIVEAddress700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582

Title VP Title VP

Name CHARLES, WILLIAMS Name STEPHEN, WHITE E

Address 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582

Title VP Title VP

NameJODIE, WERTHEIM JNamePAUL, VOORHORST EAddress700 ORTHOPAEDIC DRIVEAddress700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY Title VF

Name MICHAEL, VISCONTI Name DAVID, URBAHNS

Address 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582

Continues on page 2

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: RYAN R SCOTT SECRETARY 04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VΡ Title **ASSISTANT SECRETARY** Name TODD, TETREAULT Name EUGENE, SZCZECINA L 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE Address City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582 Title VΡ Title ASSISTANT SECRETARY BRIAN, SMITH Name PAIGE, SLATER Name Address 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE WARSAW IN 46582 City-State-Zip: WARSAW IN 46582 City-State-Zip: Title ASSISTANT SECRETARY ASSISTANT SECRETARY Title Name ALTIS, SCAFE A Name RAYMOND, SCOTT N 700 ORTHOPAEDIC DRIVE Address Address 700 ORTHOPAEDIC DRIVE WARSAW IN 46582 City-State-Zip: City-State-Zip: WARSAW IN 46582 Title VΡ Title VΡ Name BASSEL, RIFAI Name SCOTT, RYAN R Address 700 ORTHOPAEDIC DRIVE 700 ORTHOPAEDIC DRIVE Address City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582 Title Title ٧P Name RUSSELL, POWERS JOHN, PRACYK B Name Address 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582 Title ASSISTANT SECRETARY ۷P Title Name LAURIE, PEARCE J Name MAUREEN, PENCE Address 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582 Title **DIRECTOR** Title DIRECTOR Name DAVID, CROFT, J Name SCOTT, RYAN, R Address 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582 Title ASSISTANT SECRETARY Title VP Name JOHN, MCILHINNEY, M RENEA, MESSMORE, Name 700 ORTHOPAEDIC DRIVE Address Address 700 ORTHOPAEDIC DRIVE WARSAW IN 46582 City-State-Zip: City-State-Zip: WARSAW IN 46582 Title ASSISTANT SECRETARY VΡ Title Name LYNN, MALINOSKI, PATRICK, MCCULLAGH, Name Address 700 ORTHOPAEDIC DRIVE Address 700 ORTHOPAEDIC DRIVE City-State-Zip: WARSAW IN 46582 City-State-Zip: WARSAW IN 46582 Title **TREASURER** Title VΡ Name JOHN, LOTTIER, D

Address

Title

Name

Address

City-State-Zip:

700 ORTHOPAEDIC DRIVE

ASSISTANT SECRETARY

700 ORTHOPAEDIC DRIVE

ALYSON, LAWRENCE

WARSAW IN 46582

Name KAREN, MAHONEY, F

Address 700 ORTHOPAEDIC DRIVE WARSAW IN 46582

City-State-Zip:

VΡ Title

JOHN, LOTTIER, D Name

Address 700 ORTHOPAEDIC DRIVE City-State-Zip: WARSAW IN 46582

Title VP

Name CHRISTINE, KNOBLAUCH, Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582

Title VP

Name JEFFREY, KASER, M

Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY

Name WAYNE, JAESCHKE JR,

Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582

Title VP

Name DANIEL, HOEFFEL, P

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City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY

Name TINA, FRENCH, S

Address 700 ORTHOPAEDIC DRIVE

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City-State-Zip: WARSAW IN 46582

Title ASSISTANTSECRETARY
Name JEFFREY, KELSEY, T

Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582

Title VP

Name SHARROLYN, JOSSE,

Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582

Title VP

Name SANDRA, HUMBLES,

Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582

Title ASSISTANT SECRETARY

Name BRANDON, GREER,

Address 700 ORTHOPAEDIC DRIVE

City-State-Zip: WARSAW IN 46582

Title VP

Name AMY, ELLIXSON, M

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