

2022 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 VP
Name BARTON,, KIRK M
Address 700 ORTHOPAEDIC DRIVE
City-State-Zip: WARSAW IN 46582

Title VP
Name BROOKS, DAVID W
Address 700 ORTHOPAEDIC DRIVE
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Title VP
Name BROSNAHAN III,, ROBERT
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Title VP
Name CANNON,, HEATHER
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Title VP
Name CARPENTER JR.,, KENNETH L
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City-State-Zip: WARSAW IN 46582

Title VP
Name DE CARVALHO E BARBOZA, NUNO M
Address 700 ORTHOPAEDIC DRIVE
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Title VP
Name DIAZ, RODRIGO
Address 700 ORTHOPAEDIC DRIVE
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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: RYAN, , SCOTT

SECRETARY

04/06/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP
Name DURGIN, ROBERT
Address 700 ORTHOPAEDIC DRIVE
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Title VP
Name ELLIXSON, AMY
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Title VP
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Title VP
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Title VP
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Title ASSISTANT SECRETARY
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Title VP
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