Filing Fee: \$20.00

ID Number: 30



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED PARTNERSHIP

STATEMENT OF CHANGE OF SPECIFIED OFFICE **AND/OR REGISTERED AGENT**

Pursuant to the provisions of Sections 7-13-4 of the General Laws, 1956, as amended, the undersigned authorizes a change of its specified office and/or its registered agent in the state of Rhode Island as follows:

| | 5 5 | | | | | | |
|---|---|------------------------------|---|--------------|------|-------------|--|
| 1. T | he name of the limited partnership is: | | | | | | |
| | Otto Bock Healthca | re US Participat | tion, L | . P . | | | |
| 2. T | The address of the specified office at which shall be kept the records required by Section 7-13-5 to be maintained as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: | | | | | | |
| _ | (Applicable to domestic l | imited partnership | s only) | | | | |
| | The address of the NEW specified office at which shall be kept the records required by Section 7-13-5 to be maintained is: | | | | | | |
| _ | (Applicable to domestic l | imited partnership | s only) | | | | |
| The name of the registered agent for service of process as PRESENTLY shown in the records on file with the RI Island Secretary of State is: | | | | | | | |
| CT Corporation System | | | | | | | |
| 5. The name of the NEW registered agent for service of process is: | | | | | | | |
| | National Corporate Research, Ltd. | | | | | | |
| | The address of the registered agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is: | | | | | | |
| _ | 155 South Main Street, Suite 301 | Provi | dence | | RI | 02903 | |
| Т | The NEW address of the registered agent is: | | | | | | |
| *** | 222 Jefferson Boulevar | d, Warwick | RI | 02888 | | | |
| | | Under penalty contained here | | - | | information | |
| ate | 08/05/2009 | Otto Boc | Otto Bock Healthcare US Participation, L.P. | | | | |
| | | ı | Print Name of Limited Partnership | | | | |
| | :26 FILED | By John M. Boute Pt | | | | | |
| | No. 643 ed: 12/05 FILED AUG 1 3 2009 By | | G | eneral Partn | er L | 5), 1A+ | |
| nrm l | No. 643 AUG 13 ZUU | 625 | | | | C | |
| | ed: 12/05 | | | | | | |
| | 0) | | | | | | |

| STATE OF MINNESOTA | | | | |
|--------------------|---|--|--|--|
| COUNTY OF HENNEPIN |) | | | |

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT, (Stephen Carr, Secretary) of (Otto Bock Healthcare LP), a (Minnesota) limited partnership ("the Company"), and of the subsidiary entities shown on the list appended hereto, does hereby appoint Janine Bequette or Kathy Butler, Assistant Secretary of National Corporate Research, Ltd., attorney-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, in the case of entities having managers or other positions of authority rather than officers such as Authorized Person, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earliest to occur of (i) completion and filing of the documents necessary to effect the change in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to National Corporate Research, Ltd.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 2 1/4 ay of 5014, 2009.

Otto Bock Healthcare LP)

BY: (Stephen Carr)

(Scretary)

Subscribed and sworn to before me this $\frac{29\pi}{4}$ day of $\frac{5014}{4}$, 2009.

STEPHANIE J. FIELDS
NOTARY PUBLIC-MINNESOTA
My Commission Expires Jan. 31, 2013

Addendum

Subsidiary Entities

[INSERT SUBSIDIARY OR AFFILIATE LIST OF ENTITIES]

Otto Bock HealthCare LP

Otto Bock Orthopedic Services LLC

Otto Bock HealthCare U.S., Inc.

Otto Bock HealthCare US Participation LP

Otto Bock HealthCare US Management Inc.

Otto Bock HealthCare Manufacturing US LLC