

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004697

FILED
Feb 07, 2012
Secretary of State

Entity Name: ORBIT MEDICAL OF PORTLAND, INC.

Current Principal Place of Business:

4424 S 700 E
SUITE 200
SALT LAKE CITY, UT 84107

New Principal Place of Business:

Current Mailing Address:

716 E 4500 S
SUITE 260S
SALT LAKE CITY, UT 84107

New Mailing Address:

716 E 4500 S
STE 260
SALT LAKE CITY, UT 84107

FEI Number: 20-4278427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: ROSS, SHAWN
Address: 4424 S 700 E #200
City-St-Zip: SALT LAKE CITY, UT 84107

Title: CEO
Name: GALLUP, ROB
Address: 716 E 4500 S #260S
City-St-Zip: SALT LAKE CITY, UT 84107

Title: SECR
Name: ROSS, SHAWN
Address: 4424 S 700 E STE 200
City-St-Zip: SALT LAKE CITY, UT 84107

Title: TREA
Name: GALLUP, ROB
Address: 716 E 4500 S STE 260
City-St-Zip: SALT LAKE CITY, UT 84107

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: SHAWN ROSS

PRES

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date