

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004697

Entity Name: ORBIT MEDICAL OF PORTLAND, INC.

Current Principal Place of Business:

9847 SOUTH 500 WEST
SUITE 200
SANDY, UT 84070

Current Mailing Address:

9847 SOUTH 500 WEST
SUITE 200
SANDY, UT 84070 US

FEI Number: 20-4278427

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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: MARK WILLIAMS

02/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name IGAWA, TSUTOMU
Address 773 SAN MARIN DRIVE SUITE 2230
City-State-Zip: NOVATO CA 94945

Title DIRECTOR
Name THOMAS, JANE
Address 773 SAN MARIN DRIVE SUITE 2230
City-State-Zip: NOVATO CA 94945

Title PRESIDENT
Name ROSS, SHAWN
Address 9847 SOUTH 500 WEST SUITE 200
City-State-Zip: SANDY UT 84070

Title VICE-PRESIDENT
Name WINANT, KRISTEN
Address 9847 SOUTH 500 WEST SUITE 200
City-State-Zip: SANDY UT 84070

Title SECRETARY
Name WOLIN, JONATHAN
Address 9847 SOUTH 500 WEST SUITE 200
City-State-Zip: SANDY UT 84070

Title TREASURER
Name WOLIN, JONATHAN
Address 9847 SOUTH 500 WEST SUITE 200
City-State-Zip: SANDY UT 84070

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

PRESIDENT

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date