

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90065 035 ***150.00

DOCUMENT # P05000163339	
1. Entity Name ORBIT MEDICAL OF TAMPA, INC.	



Principal Place of Business 4455 S 700 E STE 200 SALT LAKE CITY, UT 84107	Mailing Address 4455 S 700 E STE 200 SALT LAKE CITY, UT 84107
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60017330

2. Principal Place of Business 333 Falkenberg Rd North		3. Mailing Address 716 E 4500 S.	
Suite, Apt. #, etc. B207		Suite, Apt. #, etc. 2605	
City & State TAMPA FL		City & State Salt Lake City, UT	
Zip 33619	Country Hillsborough	Zip 84107	Country USA



02132006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3955889		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLUP, ROB 4455 S 700 E STE 200 SALT LAKE CITY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gallup, Rob 716 E. 4500 S. #2605 Salt Lake City, UT 84107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILGORE, JAKE 4455 S 700 E STE 200 SALT LAKE CITY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Sales KILGORE, JAKE 716 E 4500 S. #2605 Salt Lake City UT 84107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, VAUGHN 4455 S 700 E STE 200 SALT LAKE CITY, UT 84107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Finance / OPERATIONS EVANS, VAUGHN 716 E 4500 S. #2605 SALT LAKE CITY UT 84107 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Marketing ROSS, SHAWN 716 E 4500 S. #2605 SALT LAKE CITY UT 84107 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of IT ALBISTON, KELLY 716 E 4500 S. #2605 SALT LAKE CITY UT 84107 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Gallup **Robert Gallup** 2/13/06 **877-940-4593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #