

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004697

**Entity Name:** ORBIT MEDICAL OF PORTLAND, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-4278427

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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            PRES  
Name            ROSS, SHAWN  
Address        4424 S 700 E #200  
City-State-Zip: SALT LAKE CITY UT 84107

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

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

Title            TREA  
Name            GALLUP, ROB  
Address        716 E 4500 S STE 260  
City-State-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

**PRESIDENT**

**01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date