

**2014 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  
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            PRESIDENT, DIRECTOR  
Name            ROSS, SHAWN  
Address        9847 SOUTH 500 WEST  
                 SUITE 200  
City-State-Zip: SANDY UT 84070

Title            VP, TREASURER  
Name            HAAN, BILL  
Address        9847 SOUTH 500 WEST  
                 SUITE 200  
City-State-Zip: SANDY UT 84070

Title            VP, SECRETARY  
Name            HURSH, BRYAN  
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**

**02/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date