

**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