


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 026 ***150.00

DOCUMENT # F02000004697		
1. Entity Name WESTERN MEDICAL CONSULTANTS, INC. <i>Abeton, Inc. (please see attached)</i>		

Principal Place of Business 1618 SW FIRST, SUITE 450 PORTLAND, OR 97201	Mailing Address 1618 SW FIRST, SUITE 450 PORTLAND, OR 97201
---	---

40114327



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03192007 Chg-P CR2E034 (12/06)

4. FEI Number 93-0854100	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DANNY L		NAME	Tom Johnson	
STREET ADDRESS	879 WOODLAND DR NE		STREET ADDRESS	1618 SW First Ave Ste 450	
CITY-ST-ZIP	SILVERTON, OR 97381		CITY-ST-ZIP	Portland OR 97201	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, JERRY R		NAME	Dan Johnson	
STREET ADDRESS	1489 STATE ST		STREET ADDRESS	1618 SW First Ave. Ste 450	
CITY-ST-ZIP	SALEM, OR 97301		CITY-ST-ZIP	Portland, OR 97201	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Charles A. Gahl* 4-23-07 503-821-6156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. Abeton Inc.
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

1618 SW First Ave. Ste 450
Mailing Address of Business
Portland OR 97201
City State Zip Code

3. Florida County of principal place of business: multiple

(see instructions if more than one county)

ATTACHMENT

40114327

#F02000004697

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Johnson Tom
Last First M.I.
1618 SW First Ave Ste 450
Address
Portland OR 97201
City State Zip Code

2. Johnson Dan
Last First M.I.
1618 SW First Ave Ste 450
Address
Portland OR 97201
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Entity Name _____
Address _____
City State Zip Code _____
Florida Registration Number _____
FEI Number: 93-0854100
☐ Applied for ☐ Not Applicable

2. Entity Name _____
Address _____
City State Zip Code _____
Florida Registration Number _____
FEI Number: _____
☐ Applied for ☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

4-23-07
Signature of Owner Date

Signature of Owner Date

Phone Number: _____

Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date


Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50

FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE-CN-12/31/07

4/2/2007-90623-020-\$60.00-\$60.00

SECRETARY OF STATE		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
APPLICATION FOR RENEWAL OF FICTITIOUS NAME		
REGISTRATION # G02274900055		
1. Name and Mailing Address		
0101619 01 MB 0.32E **AUTO TO 3 0806 97201-571400 VANGUARD PRIME EVALUATIONS <i>Abeton, Inc.</i> 1618 SW FIRST SUITE 450 PORTLAND OR 97201-5714		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.		
2. Mailing Address change if applicable: _____		
Suite, Apt. #, etc. _____		
City _____	State _____	Zip Code _____

ATTACHMENT

40114327

F02000004697

G02274900055

☒ CHECK HERE IF MAKING CHANGES

3. County of Principal Place of Business MULTIPLE	4. Date Registered 10/02/2002
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$10 Additional Fee Required	

AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

6. CURRENT OWNER (S)		7. ADDITIONS / CHANGES TO OWNERS	
DOCUMENT # F02000004697 FEI # 93-0854100 NAME WESTERN MEDICAL CONSULTANTS, INC STREET ADDRESS 1618 W FIRST SUITE 450 CITY-ST-ZIP PORTLAND OR 97201	<input type="checkbox"/> DELETE	DOCUMENT # F02000004697 FEI # 93-0854100 NAME Abeton, Inc. STREET ADDRESS 1618 SW First, Suite 450 CITY-ST-ZIP Portland, OR 97201	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	DOCUMENT # FEI # NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

8. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption contained in section 119, Florida Statutes. (At least one signature required)

Cheryl Hill 3/23/07
Signature of Owner Date

Signature of Owner Date

(CR4E003) 10/08

ATTACHMENT 40114327

~~#F02000004697~~

This is NOT the registration of a NEW Fictitious name, but rather, to change our business name from

Western Medical Consultants, Inc., FEI #93-0854100

To

Abeton, Inc., FEI #93-0854100

Please let us know if we have used the incorrect form.