

F0800005061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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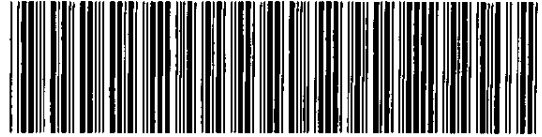
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Orbit Medical, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Heather Weaver
(Name of Person)

Orbit Medical, Inc.
(Firm/Company)

716 E. 4500 S. Ste. 260
(Address)

Salt Lake City, UT 84107
(City/State and Zip code)

For further information concerning this matter, please call:

Heather Weaver at (801) 713-2039
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Orbit Medical, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Orbit wheelchairs, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Utah 3. 13-4285365
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/27/2004 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

7. 716 E. 4500 S. Ste. 260 Salt Lake City, UT 84107
(Principal office address)

716 E. 4500 S. Ste. 260 Salt Lake City, UT 84107
(Current mailing address)

8. Durable Medical Equipment Supplier
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated

Office Address: 1203 Governors Square Blvd., Ste. 101

Tallahassee, Florida 32301
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary Jo Spalinger, Asst. Sec. for Business Filings
(Registered agent's signature) Incorporated

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A no directors

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Rob Gallup / President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA



716 East 4500 South Ste. 260
Salt Lake City, UT 84107
Phone: 801-713-2000
Fax: 801-713-5339

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Corporate Officers

Rob Gallup, President, Secretary, 41% owned
716 East 4500 South Ste. 260
Salt Lake City, UT 84107

Jake Kilgore, Vice President, VP of Sales, 20% owned
716 East 4500 South Ste. 260
Salt Lake City, UT 84107

Vaughn Evans, Treasurer, VP of Operations and Finance, 9% owned
716 East 4500 South Ste. 260
Salt Lake City, UT 84107

Shawn Ross, VP of Marketing, 9% owned
716 East 4500 South Ste. 260
Salt Lake City, UT 84107

Kelly Albiston, VP of IT, 7% owned
716 East 4500 South Ste. 260
Salt Lake City, UT 84107

Brandon Bliss, VP of Respiratory Sales, 9% owned
300 Furlong
Oswego, IL 60173

Patrick McGinley, VP of Wheelchair Sales, 5 % owned
5517 N Broadway
Indianapolis, IN 46220



**Utah Department of Commerce
Division of Corporations & Commercial Code**

160 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: <http://www.commerce.utah.gov>

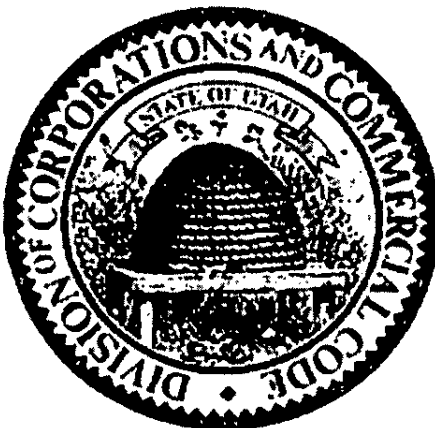
09/09/2008

5939896-014209092008-2636389

CERTIFICATE OF EXISTENCE

Registration Number: 5939896-0142
Business Name: ORBIT MEDICAL, INC.
Registered Date: September 27, 2004
Entity Type: Corporation - Domestic - Profit
Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division; and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg

Director

Division of Corporations and Commercial Code

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