2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# F08000005061

Entity Name: ORBIT MEDICAL, INC.

Current Principal Place of Business:

716 E. 4500 S. , SUITE 260
SALT LAKE CITY, UT 84107

New Principal Place of Business:

Current Mailing Address:

716 E. 4500 S. , SUITE 260
SALT LAKE CITY, UT 84107

New Mailing Address:

FEI Number: 13-4285365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GALLUP, ROB
Address: 716 E. 4500 S. , SUITE 260
City-St-Zip: SALT LAKE CITY, UT 84107

Title: V ( ) Delete
Name: KILGORE, JAKE
Address: 716 E. 4500 S. , SUITE 260
City-St-Zip: SALT LAKE CITY, UT 84107

Title: VT ( ) Delete
Name: EVANS, VAUGHN
Address: 716 E. 4500 S. , SUITE 260
City-St-Zip: SALT LAKE CITY, UT 84107

Title: V ( ) Delete
Name: ROSS, SHAWN
Address: 716 E. 4500 S. , SUITE 260
City-St-Zip: SALT LAKE CITY, UT 84107

Title: V ( ) Delete
Name: ALBISTON, KELLY
Address: 716 E. 4500 S. , SUITE 260
City-St-Zip: SALT LAKE CITY, UT 84107

Title: V ( ) Delete
Name: BLISS, BRANDON
Address: 300 FURLONG
City-St-Zip: OSWEGO, IL 60173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VAUGHN EVANS V 05/05/2009

Electronic Signature of Signing Officer or Director Date