## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000005061

Entity Name: ORBIT MEDICAL, INC.

FILED Feb 16, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

716 E. 4500 S. , SUITE 260 716 E 4500 S, SUITE S260 SALT LAKE CITY, UT 84107 SALT LAKE CITY, UT 84107

Current Mailing Address: New Mailing Address:

716 E. 4500 S. , SUITE 260 716 E 4500 S SUITE S260 SALT LAKE CITY, UT 84107 SALT LAKE CITY, UT 84107

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

## **OFFICERS AND DIRECTORS:**

Title:

Name: GALLUP, ROB

Address: 716 E 4500 S SUITE S260 City-St-Zip: SALT LAKE CITY, UT 84107

Title: TD

Name: KILGORE, JAKE

Address: 716 E 4500 S SUITE S260 City-St-Zip: SALT LAKE CITY, UT 84107

Title: PSD

 Name:
 PATRICK, MCGINLEY

 Address:
 716 E 4500 S SUITE S260

 City-St-Zip:
 SALT LAKE CITY, UT 84107

Title: \

Name: BLISS, BRANDON Address: 300 FURLONG City-St-Zip: OSWEGO, IL 60173

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: JAKE KILGORE TD 02/16/2011