

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003302

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ORBIT MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

3690 S. 500 WEST, SUITE 104  
SALT LAKE CITY, UT 84115

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 90-0251233

**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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GALLUP, ROB  
**Address:** 13278 S. ASHWOOD GLEN DR.  
**City-St-Zip:** DRAPER, UT 84020

**Title:** TD  
**Name:** KILGORE, JAKE  
**Address:** 1305 HIGH CREST CIR.  
**City-St-Zip:** FRUIT HEIGHTS, UT 84037

**Title:** V  
**Name:** BLISS, BRADON  
**Address:** 300 FURLONG  
**City-St-Zip:** OSWEGO, IL 60543

**Title:** PSD  
**Name:** MCGINLEY, PATRICK  
**Address:** 5517 N. BROADWAY  
**City-St-Zip:** INDIANAPOLIS, IN 46220

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

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02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date