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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

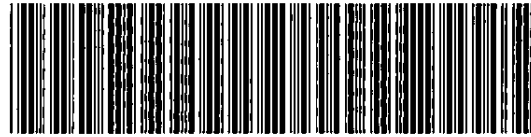
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

18 JUL 28 2010

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Orbit Medical of Atlanta, 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," or "Certificate of Good Standing" 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 of Atlanta Inc

Firm/Company

716 East 4500 South Ste S260

Address

Salt Lake City, Utah 84107

City/State and Zip code

hweaver@orbitmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Weaver

Name of Person

at (801) 713-2039 opt 1

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

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**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 of Atlanta, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Orbit Wheelchairs of Atlanta Inc  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. 20-3970701  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/14/2005 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NA  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2700 Northeast Expressway, Building C, Ste 800; Atlanta, GA 30345  
(Principal office address)
- 716 East 4500 South Ste S260; Salt Lake City, UT 84107  
(Current mailing address)
8. Sales of DME equipment  
(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, Suite 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.*

Nikki Nelson, Asst. Sec. for Business Filings Incorporated  
(Registered agent's signature)

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: See attached

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. Vaughn Evans, VP of Finance

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

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### Board of Directors

Rob Gallup, President, Secretary, Director  
13278 S. Ashwood Glen Dr  
Draper, UT 84020

Jake Kilgore, VP of Sales, Director  
1305 High Crest Circle  
Fruit Heights, UT 84037

Vaughn Evans, VP of Finance, Treasurer, Director  
5222 Woodsmere Lane  
Herriman, UT 84096

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Of Atlanta Inc

## Corporate Officers

Rob Gallup, President, Secretary, Director, 41.667% owned  
13278 S. Ashwood Glen Dr  
Draper, UT 84020

Jake Kilgore, VP of Sales, Director 20.833% owned  
1305 High Crest Circle  
Fruit Heights, UT 84037

Vaughn Evans, VP of Finance, Treasurer, Director, 9.375% owned  
5222 Woodsmere Lane  
Herriman, UT 84096

Shawn Ross, VP of Marketing, 7.292% owned  
11429 Camden Park Lane  
Draper, UT 84020

Kelly Albiston, VP of IT, 6.25% owned  
14206 Stone Fly Dr  
Bluffdale, UT 84065

Brandon Bliss, VP of Respiratory Sales, 9.375 owned  
300 Furlong  
Oswego, IL 60543

Patrick McGinley, VP of Wheelchair Sales, 5.208% owned  
5517 N Broadway  
Indianapolis, IN 46220

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# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

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TALLAHASSEE, FLORIDA

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## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

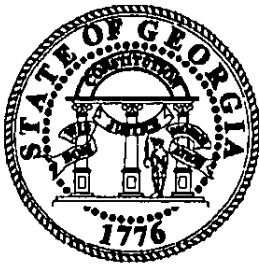
### ORBIT MEDICAL OF ATLANTA, INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 12/14/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of July, 2010

*B. P. Kemp*

Brian P. Kemp  
Secretary of State