



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corp
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000487960

2. Name of Corporation Orbit Medical of Portland, Inc.

3. Street Address Principal Business Office:

No. and Street: 9847 SOUTH 500 WEST, SUITE 200

City or Town: SANDY

State: UT Zip: 84070 Country: USA

5. State of Incorporation

State: UT

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

423990

6. Brief Description of the Character of Business Conducted in Rhode Island

SALES AND RENTAL OF HOME MEDICAL EQUIPMENT AND SUPPLIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	YEHOSHUA PARNES	773 SAN MARIN DRIVE SUITE 2230 NOVATO , CA 94945 USA
TREASURER	STEVE FELDMAN	773 SAN MARIN DRIVE SUITE 2230 NOVATO, CA 94945 USA
SECRETARY	STEVE FELDMAN	773 SAN MARIN DRIVE SUITE 2230 NOVATO, CA 94945 USA

DIRECTOR	YEHOSHUA PARNES	773 SAN MARIN DRIVE SUITE 2230 NOVATO, CA 94945 USA
DIRECTOR	STEVE FELDMAN	773 SAN MARIN DRIVE SUITE 2230 NOVATO , CA 94945 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK	A	\$0.0100	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 5 Day of July, 2017 at 4:48:37 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By YEHOSHUA PARNES
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 05, 2017 04:47 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

